Newly Renovated Breda Swimming Pool Be apart of a great swimming experience in Breda!

Pool Hours: Open 12:30- 7:00 p.m. Monday Through Thursday 12:30-8:00pm Friday

12:30-5:00 or 7:00 pm Saturday or Sunday depending on if booked for a private party.

Opening To Be Determined

New This Year – Saturday and Sunday evenings you can rent the pool out for private parties from 5:00-7:00pm for \$100.00 plus the cost of admissions if you do not have a season pass.

2024 Season Pass

Family Season Pass - \$175.00

Individual Season Pass - \$100.00

Daily Admission - \$5.00.

Children 2 and under will be admitted free.

<u>Swimming Lessons</u>: Group Swimming Lessons will be held Monday Thru Friday on dates to be determined. Lessons will be conducted at a time a date yet to be determined. <u>The cost of group lessons is included in the cost of the season pass.</u>

| NAME | CELL PHON | E: | | |
|--|---|---|---|---|
| ADDRESS: | City | ST | ZIP | |
| EMAIL ADDRESS: List of family members and their | ages: (must be immedia | Receive Text Aler | Circle one | No nly!) |
| \$ 175.00 Far | , | \$100.00 Sin | J | |
| I, the undersigned, have read and understand the Gene associated with the use of the pool and /or any activity all risks involved, I hereby agree that I am responsible floss of my property which may occur as a result or arisi behalf of my heirs, assigns, personal representatives ar owner of 204 Park St., Breda IA 51436, its employees fruture, arising out of my use or occupancy of the Pool at Releases or otherwise, to the fullest extent permitted by I ACKNOWLEADGE THAT I HAVE THOROUGHTLY READ LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING CLAIM FOR ANY INJURY SUSTAINED. | occurring therein. In consfor the behavior of my childing out of my participation and next of kin, hereby relearom any and all claims, denany activity occurring thereby law. | deration for being permitted ren and myself and any result occurring therein. I, for mysel se, indemnify, and hold harmleands, damages, rights of action, including any injuries arisin | to participate ing personal ir f and those na ess Breda Swin or causes of g from the ne | and because I assume njury, damage to or imed above and on mming Pool, property factions, present or gligence of the RELEASE OF |
| Printed Participant's Name (first and last) | Signature | | te | |

Return this form to Breda City Hall, 108 N. 2nd St., PO Box 129, Breda, IA 51436 or if paying online, please email to cityclerk@citybreda.com.