



Annual Pass Application

The **Lake Bryan Annual Pass** is valid for one (1) year from the date of purchase and grants daily entry to Lake Bryan Park. The Annual Pass provides **extended access hours** via the HID system at both the front gate and the bridge. Annual Passholders may enter the park starting at **5:00 AM** to enjoy biking, fishing, hiking, running, and other early-morning activities before the park opens to the public at 9 AM.

Please note that Annual Passholders must exit the park at the regular closing time AND **Overnight camping is not included** with the Annual Pass and requires a separate fee.

(Applicant must be 18 years of age or older to obtain a pass)

First Name: _____ Last Name: _____ Gender: _____

Address: _____ City, State, Zip: _____

Personal Email: _____

Phone: _____ (Cell / Home) Date of Birth: _____

AGREEMENTS

Please Initial next to each. Failure to complete this section will delay the processing of your application.

_____ Annual Pass holders are required to follow all Lake Bryan Park Rules. I have received a copy of these rules and understand if it is determined I am in breach of these rules, the Annual Pass may be canceled and all fees paid forfeited.

_____ Annual Passes are only valid for the vehicle that the person listed on this application is in. Sharing passes and/or allowing others access to the park is prohibited and may result in cancelation of pass and forfeiture of all paid fees.

_____ All Activities performed within Lake Bryan are at your own risk. There are no lifeguards on duty. The City of Bryan (dba: Bryan Texas Utilities) is not liable for injuries sustained while on the Lake Bryan premises.

_____ Annual Passes are only valid for daily fee entry, and therefore not applicable for camping, overnight stays, pavilion rentals, and other special activities. **(This is not a 24-hour pass)**

As the responsible party, I **(please print your name)** _____ agree to the rules and terms of use stated in this agreement and for the Lake Bryan Park. I understand, and agree, that failure to do so may result in forfeiture of all or a portion of fees paid.

Signature: _____ **Date:** _____

Office Use Only

☐ New Pass ☐ Renewal (list current pass number) _____ ☐ Lost Card

Circle Discount Type: BVMBA / COB EE / Senior / Student / Military / None

Date of Validity: _____ Cashier Initials: _____

RCT# _____ Household # _____ New Pass Serial #: _____

Processed By: _____ Date: _____

RT
XL
S2