

Chester Hills Pool Recreations Area -Swimming Pool Waiver and Release of Liability Form

Family Membership Information:

Family Name: _____

Address: _____

Phone: _____

Email: _____

Family Members: names of those using the pool. Please include ages for those under the age of 18.

_____	_____
_____	_____
_____	_____
_____	_____

Children ages 12 and older may attend the pool unaccompanied by an adult. With written parent permission, older siblings may supervise younger siblings. Written permission **MUST BE INCLUDED ON WAIVER**. Please list children's names and ages.

Children allowed to swim alone at the pool: _____

Please note any children under the age of 18 who may supervise younger siblings at the pool.

Release of Liability, Waiver of Claims, Assumption of Risk, and Indemnity Agreement

Please read carefully. By signing this document, you choose to waive certain legal rights.

In exchange for the Chester Hills Recreational Area allowing me to utilize the pool and area I hereby agree to the conditions below. I fully intend and choose to give up the legal rights, as stated below:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may have in the future against the Chester Hills Recreational Area, its directors, officers, employees, agents, or representatives (herein after referred to as the "Releasees") relating to my use of the pool and pool area.
2. TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury, expense, or other cost that I may suffer or that my next of kin may suffer in connection with my use of the Releasees pool or pool area to any cause whatsoever, INCLUDING NEGLIGENCE ON THE PART OF THE RELEASEES.
3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability to property, or personal injury to any third party, resulting from the use of the pool or pool area.
4. That I am over the age of 18 and that I am responsible and will adhere to all the rules of the property.
5. That this Waiver, Release, and Agreement is fully effective and shall be effective and binding upon me, and my heirs, next of kin, executors, administrators, and assigns, or anyone else authorized to act on my behalf or on the behalf of my estate.

I have read and understood this document. I am aware that by signing this document, I am waiving certain legal rights that I may have against the Chester Hills Recreational Area and I full agree to do so.

Signed: _____ Print: _____ Date: _____