

**NOTICE AND ACKNOWLEDGEMENT OF INHERENT DANGER OF SWIMMING AND ASSUMPTION OF RISK**

**\*\*\*NOTE: ALL PATRONS AGE 15 YEARS AND OLDER MUST READ AND ACKNOWLEDGE THEIR OWN FORM**

Swimming, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care and steps taken to avoid injuries. I acknowledge that the same elements that contribute to the unique character of swimming can cause accidental injury, illness, or in extreme cases, permanent trauma, disability, or death. The following describes some, but not all, of those risks:

- a. Drowning is the most familiar and common pool danger. Individuals can also have near-drowning accidents that result in permanent debilitating injuries. Many types of bacteria survive in swimming pools that may lead to illnesses being spread among swimmers. Swimming pools are kept clean and safe by chemicals that can be dangerously toxic at high amounts. For example, chlorine can dry and irritate skin as well as aggravate asthma. These are only some of the examples of such risks associated with swimming
- b. Swimming is a high risk activity in regards to COVID-19. I understand I am swimming at my own risk. Be advised that lifeguards cannot police social distance and other health issues as they must remain focused on the physical safety of people in the pool and on the deck. For the safety of others, I will not enter the facility should I be experiencing any signs/symptoms of COVID-19 or while awaiting results of a COVID-19 test.
- c. I am aware that swimming includes the risk of bodily injury or death. I understand the description above of these risks is not complete and that other unknown or unanticipated risks may result in injury or death. I agree to assume responsibility on behalf of myself and/or the minor participant identified below for the inherent risks involved in swimming and acknowledge that such participation is purely voluntary. By signing below, I personally and/or on behalf of the minor participant identified below, knowingly, and voluntarily assume all risks associated with such use.

Participant's Name including minor participant (print): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**BY SIGNING BELOW, I HEREBY CERTIFY THAT I-HAVE READ THIS AGREEMENT, UNDERSTAND IT AND ACCEPT ALL ITS PROVISIONS.**

Signature of Participant/Parent/Guardian/Sponsor: \_\_\_\_\_

Today's Date: \_\_\_\_\_