

MENLO AQUATICS CENTER

Daily Pass & Pool Use Waiver Form

In signing this consent form, I acknowledge that I have read this waiver of liability and fully understand these terms. I agree to accept the risk of such pool use and further agree to not hold Menlo Aquatics Center employees, Perkasio Borough, or the instructors conducting the class liable for any and all claims, suits, losses or related cause of action for personal injuries or damages that may arise out of my participation and pay for all damages caused to the facility.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in swimming and water activities. I represent and warrant that I am physically fit and I have no medical condition that would interfere with my safety and the safety of others. I understand that I am responsible for monitoring my own condition throughout swimming and water activities and should any unusual symptoms occur, I will cease my participation and notify the instructor or lifeguard of the symptoms.

In consideration for being permitted access to Perkasio Borough Menlo Aquatics Center, the undersigned agrees on behalf of themselves, their family members and any minors under their supervision:

- 1.** To make use of Menlo Aquatics Center with full knowledge that such use could result in potential injury or personal property damage.
- 2.** To assume all risks and responsibilities associated with any injuries or personal property damage suffered in conjunction with use of Menlo Aquatics Center.
- 3.** To indemnify and hold harmless Menlo Aquatics Center.
- 4.** That Perkasio Borough staff and Menlo Aquatics staff have the right to enforce rules of conduct and may remove guests from the premises for failure to comply with these rules. Guests are not entitled to receive a refund after such removal

By affixing my signature here, I certify that I am acting as head of household in agreeing to this liability waiver on behalf of myself, family members and minors under my supervision.

Participant Signature: _____ Date: _____

Print Name: _____