

MENLO AQUATICS CENTER

Pool Use Waiver Form

I acknowledge that I have read this waiver of liability and fully understand these terms. I agree to accept the risk of any pool use and further agree to not hold Menlo Aquatics Center employees, Perkasio Borough and its employees, or any instructors conducting classes in which I have enrolled, 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. I also agree to pay for any and all damages caused to the facility by me or my actions

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/or 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.

Print Name: _____ Phone: _____

Signature: _____

Zip Code: _____ Date: _____ / _____ / 2016

Names of Additional Participants:

EMERGENCY CONTACT: Please provide the name and appropriate phone number to contact in the event of an emergency. For those under 18, this should be a parent or guardian.

Name: _____ Phone: _____