

# Westchester Park District Pool

## Waiver and Release of all Claims and Assumption of Risk

Please read this form carefully and be aware that in consideration for this Pool Pass, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward sustain as a result of participating in any and all activities connected with and associated with use of the Westchester Park District's aquatic facilities and programs.

I recognize and acknowledge that there are certain inherent risks of physical injury to patrons of aquatic facilities, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as a result of participating in any and all activities and programs connected with or associated with this Pool Pass. I further recognize and agree that lifeguards and other aquatic staff are not responsible for supervising my activities or the activities of my minor child(ren) and I agree that I am solely responsible for supervising my minor children and/or assessing whether my child(ren) are physically fit and/or adequately skilled for aquatic activities. I specifically agree to supervise and personally provide all due care and caution for my child(ren) age 8 and under at all times.

I further agree to waive and relinquish all claims, I, or minor child/ward may have (or accrue to me or my child/ward) as a result of use of the Westchester Park District's facilities and programs against the Westchester Park District, including its officials, agents volunteers and employees (hereinafter collectively referred as "District").

I do hereby fully release and forever discharge the Westchester Park District from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with use of the Westchester Park District aquatic facilities and programs.

**I have read and fully understand the above important information, warning or risk, assumptions of risk and waiver and release of all claims. If registering via fax, my facsimile signature shall substitute for and have the same legal effect as an original form signature.**

➤ **Adult # 1 - Participant signature is required if 18 years or older**

\_\_\_\_\_ Date \_\_\_\_\_  
*signature line*

➤ **Adult # 2 - Participant signature is required if 18 years or older**

\_\_\_\_\_ Date \_\_\_\_\_  
*signature line*

➤ **Parent or Guardian signature is required if participant(s) is/are under the age of 18**

\_\_\_\_\_ Date \_\_\_\_\_  
*signature line*

**PARTICIPATION WILL BE DENIED, IF SIGNATURE OF ADULT PARTICIPANT(s) or PARENT/GUARDIAN and DATE ARE NOT ON THIS WAIVER.**