

Dosil's Open Swim Program

Liability Waiver

Participants Names & Ages: _____

Email: _____

Phone Number: _____

I certify that I am volunteering to participate in Dosil's Open Swim Program.

I further certify that I am in good health and have no physical or other impediment which would endanger me while participating in this activity. I acknowledge and agree that this activity has inherent risks. I have full knowledge of the nature and extent of all the risks associated with this activity.

In consideration of my participation of this activity, I release, discharge, waive and relinquish Dosil's from any and all liabilities, claims or actions for personal injury, property damage or wrongful death with may arise from my participation.

Parental/ Guardian Consent: (To be completed and signed by parent/ guardian for participants under 18 years of age) I certify that I am the parent or legal guardian of the above participant and that I am entitled to his or her custody and control and I do hereby give permission for the child to participate in the above activity. I further certify that the child is in good health and has no physical or other impediment which would endanger him or her while participating in this activity. I understand that by participating in this program, the child will be exposed to a risk of injury or death. I understand the dangers inherent in participating in the program and the need for safety precautions with the child. I hereby execute the above Agreement Waiver and Release on his/ her behalf.

Parents and Swimmers: Must be aware that there is absolutely NO running around the pool area. No diving in shallow water. (Diving is allowed but only in the deep end of the pool) and No playing with or on safety rope, NO playing with SCUBA equipment. The pool toys are there for them to use and play with, but pool toys must not be misused or thrown.

It is the parents responsibility to inform their child about all of the pool rules.

Parent/Guardian Signature: _____

Adult/Parent Name Printed: _____ **Date:** ____/____/____

Today's Date: _____ **Clerk:** _____

Amount & Date Paid: _____