

Liability Waiver

In consideration of membership and opportunity to make use of the facilities of the Rose Garden Pool Association (“the Association”) and being fully aware of the risks and hazards connected with the use of the facilities and swimming, including physical injury or even death and intending to be bound legally hereby, I, ON MY OWN BEHALF AND ON BEHALF OF ANY MINOR CHILDREN OF MINE ACCEPT AND ASSUME ANY AND ALL RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me or my minor children, or loss or damage to property owned by me, as a result of use of the facilities and swimming pools of the Association or participation in any event or program the Association may sponsor.

I hereby acknowledge that the Association has retained American Pool Management, Inc. as its agent to operate, maintain, and employ all staff necessary to operate and maintain the facilities. I hereby RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS AND COVENANT NOT TO SUE the Association, its directors or officers from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or my minor children, or to any property belonging to me as a result of use of the facilities and swimming pools of the Association or participation in any event or program the Association may sponsor.

It is my express intent that this release and hold harmless agreement shall bind the members of my family, spouse, heirs, assigns and personal representatives.

In signing this release, I acknowledge and represent that I HAVE READ THE FOREGOING waiver of liability and hold harmless agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

I further acknowledge that I am at least 18 years of age and that I am signing below on behalf of all persons included in the Family Unit in which I am a Member.

Member Name (printed): _____

Signature: _____ Date: _____

Date of Birth: _____