

We are happy that you want to come use our pool. We will try to have it clean and heated for you. An These waivers need to be signed by an ADULT FOR THEIR OWN CHILDREN. You can email waivers to Karen.wk77@gmail.com or bring with you to the pool Thanks! You can reach Karen at 435-757-8204

WAIVER & AUTHORIZATION FOR MEDICAL ATTENTION

By my signature below, I declare that I understand that Wayne & Karen Campbell do not carry insurance that would protect or cover any cost for my child or any guest in my group, in the event of an accidental injury or death while participant is in or near their swimming pool or on their premises. Any incident resulting in medical cost and insurance coverage is my sole responsibility. I recognize that participation is voluntary and there are inherent risks, which I assume. I hereby release the owners, Wayne and Karen Campbell and family members from any and all liabilities, claims, demands, costs, etc. I authorize first aid & notification of emergency help in case of accident or injury.

Please initial that you have read, understand, and agree to each item listed.

1. _____ Pool owners may or may not be present while we are using their pool.
2. _____ Diving area is not deep enough for some dives and could cause injury.
3. _____ The slide should only be used while sitting forward or laying down
4. _____ Maximum 8 people allowed in the pool at a time
5. _____ No glass or food (ants are on the march!)
6. _____ Every swimmer must shower before entering pool and children age 3 and under are required to wear a swim diaper
7. _____ Return any toys or swim aids to their original location when finished and make sure there are no toys left on the bottom of the pool
8. _____ There is no lifeguard. It is my responsibility to keep my family safe.

Signature of Parent or Guardian

Date

Printed name of Parent or Guardian

PRINTED NAMES OF SWIM PARTICIPANT (write below)