



# Township of Lower Makefield

## Community Pool

### Waiver & Release of Liability

We are residents (I am a resident) of Lower Makefield Township (“LMT”) and certify that the information listed above is accurate. We(I) understand the rules as set forth in the “Pool Rules”, available upon request or to be included with your membership cards, and agree that the above named members shall be subject to said rules and regulations of the Community Pool. We (I) understand that loaning or altering a membership card and/or misinformation on this form, especially misrepresentation as to residency, may result in loss of swimming privileges for the current season and a forfeiture of any membership fees paid. We (I) further understand that as members of the LMT Community Pool, we (I) hereby remise, release and forever discharge LMT, its supervisors, officers, employees and agents and its heirs, executors, and administrators, of and from all, and all manner of, actions and causes of action, suits, claims and demands whatsoever in law or equity occurring out of the operation of, or in any manner relating to, the Community Pool where we are members. We (I) acknowledge that we (I) use the Community Pool voluntarily and at our (my) own risk and agree that LMT shall have no responsibility or liability to us (me), our children or our guests in the event of a claim arising out of any lost or stolen property or arising out of injury which may occur at the Community Pool. We (I) agree to be held responsible for our (my) child(ren)’s behavior and actions at all times and release LMT from any liability for child(ren)’s actions, in the event that such actions or behavior causes damage or injury to property or person. We (I) further agree to be solely responsible for any injury, loss or damage which we, our children or our guests may sustain while using the Community Pool.

We (I) hereby given permission for our (my) 11-16 year old to go to the pool without an accompanying adult.

Lastly, We (I) hereby grant permission to LMT to take whatever steps deemed necessary to administer or obtain emergency medical care for myself and for our (my) child(ren). Any expenses incurred in obtaining emergency medical care will be borne by me.

We (I) understand that this is a legal agreement and that by signing this Form, We (I) are voluntarily agreeing to abide by these terms. We (I) have read and voluntarily sign this release and waiver of liability, on behalf of ourselves and any representatives, heirs and next of kin and still wish to join the LMT Community Pool.

Signatures:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Date: \_\_\_\_\_