Lower Makefield Township Parks and Recreation

The Pool at LMT
Guest Registration Form - 2026

Please Note: The pool member must stay with their guest the entire time.
Guests must enter through the Front Gate.

- **Up to 5 Guests per Member**
- **Up to 20 Guests with Pavilion Rental**
- **Age 13 and under must be accompanied by a guardian (16+)**

Date:
Member Name:
Home Address:
Key Fob ID Number (located on back of Key Fob):

Liability Waiver

Prior to being permitted access to the facility, the following liability waiver must be signed by all adult guests, as well as by an adult on behalf of minor dependents or minors under their supervision.

In consideration for being permitted to use the Lower Makefield Township Community Pool (Community Pool) and for being allowed to participate in Community Pool programs, the undersigned adults certify that the information below is complete and accurate and agree on behalf of themselves, minor dependents, and any minors under their supervision to the following:

1. ____We are residents (I am a resident) of Lower Makefield Township ("LMT") OR ____ We are and/or I am a non- resident of LMT.
2. To make use of the Community Pool with full knowledge that such use could result in potential injury or personal property damage.
3. To assume all risks and responsibilities associated with any injuries or personal property damage suffered while at the Community Pool or participating in any of the Community Pool programs.
4. To fully and completely release the Community Pool, the Township of Lower Makefield, its departments, employees, agents and volunteers from all claims, liabilities or actions for any injuries to me, to my minor dependents and/or minors under my supervision and/or loss or damage to my personal property or the personal property of any such minor dependents and/or minors under my supervision arising from my/our admission or participation in any activities or the Community Pool programs.
5. To indemnify and hold harmless the Community Pool, the Township of Lower Makefield, its departments, employees, agents and volunteers for personal injury or property damage to other parties caused by the intentional or reckless acts committed by me, my minor dependents and/or minors under my supervision while using the Community Pool or participating in Community Pool programs.
6. To accept sole responsibility for furnishing medical/health or other insurance to cover any expenses related to any such personal injuries or property real or personal property damage.
7. To provide, if requested, a certified birth certificate or other approved proof of age.
8. That I/we have individually reviewed the Community Pool rules and reviewed the rules with my minor dependents and/or minors under my supervision and I/we agree to comply with them.
9. That Community Pool staff have the right to enforce rules of conduct and may remove guests from the premises for failure to comply with these rules. Guests are not entitled to receive a refund after such removal.

OVER

Waiver Signatures

Adults (18 and over) covered by this waiver: **Date:**

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Minors (under 18) covered by this waiver:

Print Name: _____ Age: _____

Print Name: _____ Age: _____

Print Name: _____ Age: _____

Print Name: _____ Age: _____

Print Name: _____ Age: _____

Print Name: _____ Age: _____

Gate Attendant's Initials: _____

Number of Guests: _____

Number of Guest Passes Attached: _____