



Liability Waiver to Swim at My Own Risk: Lap Swimming during pool hours when a certified life guard is not in attendance.

Name of Swimmer _____

Address _____ **City** _____ **Zip** _____

Age ____ (16 – 18 year olds **MUST** have a parent sign the addendum)

Emergency Contact Person _____

Emergency Contact Phone # _____

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 will not be under the influence of drugs or alcohol, which would impair my ability. I acknowledge and agreed 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 in this activity, I agree (on behalf of myself, my heirs, executors, administrators, and assigns) to release, discharge, waive and relinquish the Club at Westport, Robbie Smith Tennis Inc./Westport (or its officers, agents, and employees) from any and all liabilities, claims, or actions for personal injury, property damage, or wrongful death which may arise out of my participation.

Participant Signature _____

Day(s) of the week I usually swim laps _____ **Times** _____

Date ____/____/____ **Club Access Card Number** _____



ADDENDUM TO THE CLUB AT WESTPORT POOL LIABILITY WAIVER

Parental/Guardian Consent: (To be completed and signed by parent/guardian for participants 16-18 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 under my supervision. 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 realize that by participating in this program, the Child will be exposed to a risk of injury or death. I understand the dangers incidental to participating in the program and the need for safety precautions, and I have discussed the dangers of the program and the need for safety precautions with the Child. I hereby execute the above Agreement Waiver, and Release on his/her behalf.

Name of Child to Be Swimming Laps: _____ Age _____

Parent Signature _____

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

***This form must accompany the 'Liability Waiver to Swim at My Own Risk' form.**