Scottdale Swim Club Swimming Pool Liability Waiver

WAIVER AND REALEASE OF LIABILITY FORM. RELEASE OF LIABIBLITY, WAIVE OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Assumption of Risk:
1. I, the undersigned, wish to attend a "Private Party" at the Scottsdale Swim Club; I recognize and understand that attending the private party at the Swimming Pool involves certain risks. Those risks include, but are not limited to, the risk of injury resulting from possible malfunction of the equipment used in the pool and injuries resulting from tripping or falling over obstacles at the pool area **(Initials)**_____

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT
In consideration of participating in the "Private Party", I hereby agree as follows:
1. TO WAIVE ANY AND ALL CLAIM That I have or may in the future have against Scottsdale Swim Club, their directors, officers, employees, agents and representatives (all of whom are hereinafter referred to as "the Releasees");
2. TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I may suffer or that my next of kin may suffer as a result of my participation at the Swimming Pool due to any cause whatsoever, INCLUDING NEGLIGENCE ON THE PART OF THE RELEASEES;
3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability from any damage to property of, or personal injury to, any third party, resulting from my participation at the Swimming Pool;
4. That this Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns, in the event of my death.
I HAVE READ AND UNDERSTOOD THIS AGREEMENT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRTORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

_____ _____
(Please print name clearly) Date of Birth

_____ _____
Address Parent/Guardian if participant is less than 18

_____ _____
City/Postal Code Witness
X_____ Date Signed: _____
Phone#:_____

Participant's Signature
Swimming Pool Waiver
Scottsdale Swim Club
Walnut Creek, CA, 94598