



## ABINGTON TOWNSHIP POOL GUEST LIABILITY WAIVER AND RELEASE

***This form must be completed and submitted for all pool guests. Each guest age 18 and over must sign this form. Parent/Guardian MUST sign on behalf of any minor guest. This form MUST be completed for EACH pool visit.***

I acknowledge that I voluntarily have applied, for myself and/or any additional family members or minors in my care, to participate in program(s) and/or events offered by the Township of Abington, including pool membership or visiting the pool.

I understand that visiting and/or participation in activities at the pool involves risk of injury. I understand these risks are entirely my responsibility. I expressly assume these risks. In particular, I am aware of the risks and hazards inherent upon entering the pool area and I choose to voluntarily enter the premises, knowing the conditions might become more hazardous and/or dangerous for myself and I voluntarily assume all such risks, loss, damages, or injury that may be sustained by my entering and/or participation.

By signing this release of liability and participating in the program(s), and in consideration for being permitted to participate in the program(s), I do hereby, for myself, my heirs, executors, administrators and assigns, and/or for any additional family members and minors in my care, fully and forever release, indemnify, and discharge Abington Township and their officers, officials, departments, and other representatives and their heirs, administrators, successors and assigns, from any and all manner of action, cause of action, suits, debts, accounts, controversies, damages, claims and demands whatsoever, which I or my legal representative, and/or any minors in my care may have or acquire against Abington Township and their officers, agents and other representatives, by reason of any loss resulting from personal injury or damage to personal property belonging to me and/or any minors in my care which may occur during or by reason of my, and/or any additional family members' or minors' in my care visiting and/or participation in activities at the pool, whether the same be known or unknown, anticipated or unanticipated. I fully and forever release and discharge Abington Township and their volunteers and vendors, employees and agents from any and all negligent acts and omissions in the same. I hereby grant Abington Township and any of its officials, officers, agents and other representatives full authority to take whatever action they may consider to be warranted regarding my, and/or any additional family members' or minors' in my care, health and safety, and I fully release Abington Township, its officials, officers, agents and other representatives from any liability for such actions taken on my behalf or on behalf of any additional family members or minors in my care.

I understand that no health and/or accident insurance is provided by Abington Township. I also understand and agree, for myself, and/or for any minors in my care, that I am solely responsible for the cost and expense for furnishing medical or other insurance to cover any expenses related to any such personal injuries or property damage.

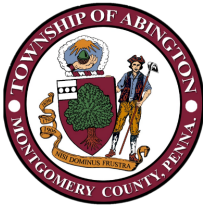
**Please print clearly:**

***If guest is an adult, please complete below:***

Date of Pool Visit: \_\_\_\_\_ Adult Guest Name (Print): \_\_\_\_\_

Adult Guest Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please continue to the next page.***



If the participant is a minor, *parent/guardian must sign below:*

Date of Pool Visit: \_\_\_\_\_

Minor Guest Name (Print): \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_