



MAPLEBROOK II SWIM & RACQUET CLUB

Adult Swim Liability Waiver to Swim at My Own Risk: Lap Swimming during the pool hours of 6:00am - 8:30am when a certified lifeguard is not in attendance.

Name of Swimmer _____

Address _____ City _____ Zip _____

Age _____

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 Maplebrook II Swim and Racquet (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 ____/____/____

Bond Number or Empty Nester # _____