**SWIMMING POOL RELEASE OF LIABILITY**

**PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT WHICH AFFECTS YOUR LEGAL *RIGHTS***

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
TO:Word of Life New York
Assumption of Risk:
1. I, the undersigned, wish to play at the WOL Swimming Pool; I recognize and understand that playing 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 in the pool area(Initials)
RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT
In consideration of participating in the “Game”, I hereby agree as follows:
1. TO WAIVE ANDY AND ALL CLAIM Sthat I have or may in the future have against Word of Life New York, 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,IN-
CLUDING 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 even 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, ADMINISTRA-
TORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.
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(Please print name clearly) Date of Birth
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address Parent/Guardian if participant is less than 18
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
City/Prov Postal Code Witness
X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Participant’s Signature
PLEASE READ CAREFULLY!
Swimming Pool Waiver
Word of Life Fellowship Inc.
Bayside, New York

To download any other release of liability form, please visit [Swimming Pool Release of Liability](http://www.releaseofliability.com/swimming-pool-release-of-liability/).