

**RELEASE, ACKNOWLEDGMENT OF RISK, AND WAIVER OF LIABILITY
FOR THE USE OF THE MILFORD EXEMPTED VILLAGE SCHOOL DISTRICT
POOL**

Please read this form carefully and be aware that your signature indicates that you fully understand that by using the facilities and equipment of the pool facilities, you will be waiving and releasing all claims for injuries you might sustain arising out of your use of the pool facilities and participation in fitness activities.

WARNING OF RISK

Activities involving the use of a swimming pool carry significant risk of sustaining injuries from slippery surfaces, foreign objects in the pool, and other general hazards associated with swimming. These hazards carry with them the risk of injury up to and including death by drowning. Proper attire, swimming ability, and safe behavior are required. You are responsible for understanding your own capabilities and limitations with respect to swimming.

RELEASE FROM LIABILITY

In consideration of the use of the pool facilities, and in recognition of the possible perils of the use of such facilities, I, for myself and my heirs, executors, administrators, legal guardians or representatives, and assigns, do hereby release the Milford Exempted Village School District Board of Education and its agents, officers, employees and assigns from any liability for injuries sustained from the use of such facilities and equipment, and waive all claims which I might have against the District and/or its agents officers, employees and assigns, arising out of or connected with my use of the pool facilities.

I understand and am aware that swimming and/or the recreational use of pool facilities, are potentially hazardous activities. I also understand that swimming activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using the pool facilities with knowledge of the dangers involved. I hereby agree to assume any and all risk of injury or death.

I am aware that this is a release of liability and sign it of my own free will. I understand that photographs may be taken while participating in the program/clinic and I agree to my picture being taken and possibly used for promotional purposes.

Name of Participant (printed): _____

Signature of Participant: _____

Signature of Parent/Guardian (if minor): _____

Date: _____

Address & Phone Number: _____

Emergency Contact _____

Emergency Contact Phone Number: _____