



FOOTHILLS AREA YMCA at the Walhalla Pool Liability Waiver Form | 2019

Release of Liability:

I hereby, for myself, my family, heirs, executors and administrators, waive and release any and all claims and damages I have against the FOOTHILLS AREA YMCA, City of Walhalla, all locations where YMCA programs are held, including the Walhalla City Pool, and their respective agents, representatives, successors, and assigns, for any and all injuries which may be suffered by me or my family in connection with participation in YMCA activities and programs. I also state that myself and/or my child is in good physical condition and able to participate in YMCA programs. In the event of an accident – I am aware that the YMCA does not provide accident insurance and will not hold the YMCA responsible for any injury.

I understand that the FOOTHILLS AREA YMCA nor the City of Walhalla are responsible for lost, stolen, or damaged private property brought onto pool grounds. I also agree to abide by all pool rules. In the event that my behavior and/or actions do not align with the pool rules, I may be asked to leave without reimbursement for any fees paid.

I understand that no alcohol, tobacco products, or illegal drugs are allowed on YMCA property at any time.

I understand that if my child is under 10 years old, I must remain at the pool while they are here. I understand that any minor under the age of 15 will be required to take a swim test. If such minor fails the swim test or refuses to take such swim test, they will be required to stay in the shallow end and/or wear a life jacket.

Printed name: _____

Printed name: _____

Signature: _____

Signature: _____

Phone number: _____

Phone number: _____

Date: _____

Date: _____

If you are also signing on behalf of a minor child, please list their names below:

Child 1: _____

Child 2: _____

Child 3: _____

Child 4: _____

If your child is between the ages of 10 and 14, has passed the swim test, and you would like to allow him/her to swim at the Walhalla City Pool without your supervision, please sign below:

Signature: _____

Childs Name: _____