

**Swimming Pool WAIVER**  
**WAIVER AND REALEASE OF LIABILITY FORM**  
**RELEASE OF LIABLILITY, 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 Florida

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 CLAIMS** that I have or may in the future have against Word of Life Florida, 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, **INCLUDING 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, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.**

\_\_\_\_\_  
(Please print name clearly)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Parent/Guardian if participant is less than 18

\_\_\_\_\_  
City/Prov

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Witness

X \_\_\_\_\_  
Participant's Signature

Date Signed: \_\_\_\_\_ Phone#: \_\_\_\_\_

**PLEASE READ CAREFULLY!**

**Swimming Pool Waiver**  
**Word of Life Fellowship Inc.**  
**Hudson, FL**