Junior Lifeguard Program Liability Waiver

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In consideration of being allowed to participate in the junior lifeguard program offered by Briggitte Kroetz at Sleepy Hollow Pool, I, the undersigned participant or parent/guardian of the participant, hereby acknowledge and agree to the following:

1. Assumption of Risks: I understand and acknowledge that participation in the junior lifeguard program involves inherent risks, including but not limited to, the risk of injury or death due to the nature of the activities involved, the condition of the premises, equipment malfunction, the actions of other participants, and the negligence of program staff or volunteers.

2. Medical Authorization: I authorize program staff to seek medical treatment for the participant in the event of an emergency if I am unavailable or unable to give consent. I understand that every effort will be made to contact me in the event of a medical emergency involving the participant.

3. Release of Liability: I, on behalf of myself, the participant, and our respective heirs, successors, and assigns, hereby release, waive, discharge, and covenant not to sue Briggitte Kroetz, Sleepy Hollow Homes Association, its officers, directors, employees, agents, and volunteers from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant or property belonging to the participant, whether caused by the negligence of the releases or otherwise, while participating in the junior lifeguard program.

4. Indemnification: I agree to indemnify and hold harmless Briggitte Kroetz and Sleepy Hollow Homes Association and its officers, directors, employees, agents, and volunteers from any loss, liability, damage, or costs, including attorney's fees, that may be incurred arising out of or related to the participant's participation in the junior lifeguard program.

5. Photographic Release: I grant Briggitte Kroetz and other staff the right to take photographs and/or video recordings of the participant during the junior lifeguard program and to use such photographs and/or video recordings for promotional purposes without compensation to the participant or parent/guardian.

I have read this liability waiver, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian's Signature (if participant is under 18 years old): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_