

City of Sutter Creek

Recreational Swim Waiver and Release of Liability

Participant Information

Name: _____

Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ ZIP: _____

Parent/Guardian Information (if participant is under 18)

Name: _____

Relationship: _____

Phone Number: _____

Address (if different): _____

ASSUMPTION OF RISK

I understand that participation in recreational swimming activities at the Sutter Creek Pool involves inherent risks, including but not limited to: slipping, falling, drowning, diving injuries, collisions with other swimmers, and other accidents that may result in serious injury or death. I voluntarily choose to participate (or allow my child to participate) with full knowledge of these risks.

RELEASE AND WAIVER OF LIABILITY

In consideration for being permitted to use the Sutter Creek Pool facilities, I, on behalf of myself and/or the minor participant, hereby release, waive, discharge, and hold harmless the City of Sutter Creek, its officers, employees, agents, volunteers, and representatives from any and all liability, claims, demands, or causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained while participating in recreational swim activities, whether caused by negligence or otherwise, to the fullest extent permitted by California law.

MEDICAL CONSENT

I certify that I (or my child) am physically able to participate in recreational swimming activities. In the event of an emergency, I authorize the City of Sutter Creek staff to secure emergency medical treatment, including transportation if necessary. I understand that I am responsible for any medical expenses incurred.

RULES AND REGULATIONS

I agree to follow all posted pool rules and instructions given by lifeguards and staff. I understand that failure to follow rules may result in removal from the facility without refund.

PHOTO RELEASE (OPTIONAL)

I grant permission for the City of Sutter Creek to use photographs or video taken during pool activities for promotional purposes.

Yes No

ACKNOWLEDGMENT AND SIGNATURE

I have read this waiver and fully understand its terms. I understand that I am giving up substantial rights, including my right to sue, and sign it freely and voluntarily.

Participant Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____

FOR OFFICE USE ONLY

Date Received: _____

Staff Initials: _____