

Date

Waiver of Liability

Name (First & Last)

Signature

Complete and sign the waiver of liability, safety rules agreement and new member application.

Drop off at the pool during open hours, send to: pleasantonvalleyclub1@gmail.com or by mail: P.O. Box 151, Pleasanton, CA 94566

Applicant Information (Primary Me	ember)			
Name (First & Last)		 Email:		
Phone Number	Addres	Address:		
List of Family Members & Ages wh	o live in th	e same household.		
Primary Member Name (First & Last)	Age	Name (First & Last)	 Age	
Primary Member Name (First & Last)	Age	Name (First & Last)	 Age	
Primary Member Name (First & Last)	Age	Name (First & Last)	Age	
participation and/or my child(ren), as a result of his line consideration for permission to access and use release, waive, discharge and promise not to sue liability, claims demands, actions and causes of at of my property, whether caused by the negligencown risk. I understand that signing this waiver is required passociated with the Facility. I further understand the added risk of exposure to contagions such as flue equipment, with exercise and recreational activities the risk of harm includes, in addition to bodily injection.	/her/their particle the Pleasanto all persons assocition whatsoev the of PVC or other prior to my acceptant the use of the and Coronavirus, and the risks ury, sickness o	all persons associated with the Club, of any responsibility processes and use of the Facility because such access and use of the Facility, including but not limited to restrooms, shous/Covid-19. I represent that I am familiar with the risks associated with the specific activities available at the Facility, the potential to cause and/or aggravate emot I am voluntarily participating in these activities with	cility") for my personal recreational use, I hereby eers acting on its behalf of PVC, from any and all conal injury suffered or sustained by me or to any of the Facility is completely voluntary and at my e will expose me to a variety of risks and dangers wers, and high-touch equipment can all carry and associated generally with the use of high-touch facility. I further represent that I understand that tional distress. Knowing the risks associated with	
and against any claim by a third party, arising ou	old harmless Pl t of, incident to	of the persons and entities mentioned above. leasanton Valley Swim Club, from and against any dar b, or in connection with my conduct while at the Facilit that this waiver, release, and assumption of risk is to be	ty whether or not such damages resulted in part	
	agrees that th	ere is a risk of contracting the COVID-19 virus as a res in my death, and that such risk cannot be eliminate		
I have carefully read this Agreement and fully unde	erstand its cont	ents. I am aware that this is a release of liability and co	ntract between PVC and myself.	
Signed and dated by all household mem	bers of the a	ge of 18.		
Name (First & Last) Signature	Da	te Name (First & Last) Sig	gnature Date	

Name (First & Last)

Signature

Date