



Gulf Coast Aquatics, Inc.

Release Form

I HAVE READ AND UNDERSTAND THE SEASONAL EMPLOYEE HANDBOOK & SAFETY INFORMATION. I will abide by all rules, regulations, policies, and procedures throughout my employment with Gulf Coast Aquatics, Inc. Furthermore, I acknowledge that violations of any Gulf Coast Aquatics, Inc. rules and regulations could result in disciplinary action and/or termination of my employment.

I understand it is my responsibility to attend In-Service training throughout my employment with Gulf Coast Aquatics, Inc.

I will always conduct myself in a professional manner throughout my employment with Gulf Coast Aquatics, Inc.

I understand that if I do not submit a 2-week notice when quitting, I will not be eligible for rehire.

I have read and received a copy of "Employee Acknowledgement of Worker's Compensation Network".

Please fill out the information below:

Signature of Employee

Print your Name

Date