**2020 SWIMMING POOL LIABILITY WAIVER**

**PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT WHICH AFFECTS YOUR LEGAL *RIGHTS***

WAIVER AND REALEASE OF LIABILITY FORM RELEASE OF LIABIBLITY, WAIVE OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE El Shammah Ranch(ESR), Mounted Ministries(MM), Edward Lee Childers(ELC), Catherine Ann Childers(CAC), and or their directors, officers, employees, agents and representatives (all of whom are hereinafter referred to as “the Releases”).  
Assumption of Risk:  
1. I, the undersigned, wish to play at the (ESR/MM)Swimming Pool; I recognize and understand that playing at the (ESR/MM)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 “Swimming Pool Actvity”, I hereby agree as follows:  
2. TO WAIVE ANDY AND ALL CLAIMS that I have or may in the future have against “the Releasees;  
3. 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 (ESR/MM) 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 (ESR/MM)Swimming Pool;  
4. That this Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns, in the event of my death.

5. I understand there will be NO LIFE GUARDS and everyone swims at their own RISK.

6. I understand and agree to follow all instructions of the Releasees and will not enter the pool area without a designated adult present.  
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.  
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(Please print participant’s name clearly) Date of Birth  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address Parent/Guardian if participant is less than 18  
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City/ Postal Code Phone #

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Participant’s Signature (Parent/Guardian if Participant is LESS than 18 years of age)

Witness Signature

Date Signed Is Good for 1 year from today’s date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
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