

Fanny Chapman Memorial Swimming Pools

Membership Activity Waiver

I understand and agree, for myself and/or for any minors in my care, that use of facilities and/or participation in any activities and programs at the Fanny Chapman Pool (the "Pool") could result in injury to myself, minors in my care and/or to personal property owned by me or such minors. In consideration for being permitted use of Pool facilities and/or participation in Pool activities and programs, I agree, for myself and/or for any minors in my care, to fully and completely release the Borough of Doylestown, its employees, boards, departments, agents and affiliated entities from all claims, liabilities or actions for any injuries to me, injuries to minors in my care and/or any loss or damage to my personal property or the personal property of any such minors arising from our admission or participation in any activities and programs at the Pool. I also understand and agree, for myself, and/or for any minors in my care, that I am solely responsible at any sole cost and expense for furnishing medical or other insurance to cover any expenses related to any such personal injuries or property damage.

I agree, for myself and/or for any minors in my care, to comply with all Pool rules and regulations, including any rules and regulations governing any programs for which I, and/or any minors in my care, have registered, and understand and agree that noncompliance with any such rules and regulations by me, or any minors in my care, may result in termination of the privilege to use the Pool facilities and participate in any Pool activities and programs. I further understand and agree, for myself and/or for any minors in my care, that the Borough of Doylestown, its employees, boards, departments, agents, and other parties engaged in Pool activities and programs, are not responsible for injuries to me and/or any minors in my care or for any loss or damage to my personal property or the personal property of any such minors.

I further agree, for myself and/or for any minors in my care, that I will furnish a certified birth certificate or proof of birth upon request by the Pool, as may be required for participation in any Pool activities and programs.

Intending to be legally bound hereby, and with full authority, I acknowledge, agree to and accept the terms of this Liability Waiver and Release, and the Pool Conduct Policy on behalf of myself and/or on behalf of any minors in my care.

Liability Waiver and Release Activity/Program: _____

Print Name: _____

Signed: _____

Date: _____

Adult Participant/Parent, Guardian, etc.

Print Names of Minor(s) (if any)
in Care of Adult:

Nature of Relationship between Adult and
Minor(s) (i.e. Parent, Guardian, etc.)
