

Wood Valley Early Bird Lap Swim - Waiver

"I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all the risks inherent in lap swimming, including possible permanent disability or death, and agree to assume all of those risks. AS A CONDITION OF MY PARTICIPATION IN THE WOOD VALLEY EARLY BIRD LAP SWIMMING PROGRAM OR ANY ACTIVITIES INCIDENT THERETO, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DAMAGES, INCLUDING ALL CLAIMS FOR LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: WOOD VALLEY SWIM AND RACQUET CLUB, THE WOOD VALLEY SWIM AND RACQUET CLUB BOARD OF DIRECTORS, WOOD VALLEY LIFEGUARD STAFF, OR ORGANIZERS OF THE EARLY BIRD LAP SWIMMING PROGRAM. In addition, I agree to only swim as long as there is at least one other Early Bird Lap Swimming Participant swimming during the Early Bird period, and acknowledge that I understand the dangers of swimming in a facility where lifeguards are not present or monitoring my swimming during this time period."

Signed: _____ Date: _____

(you must be 18 years or older to participate in the Early Bird Lap Swim)

Please print name and phone number _____

Email address _____

Wood Valley Swim & Racquet Club Membership Number _____