

CONCORD RETREAT LLC

Release of Liability – Read Before Signing

This form must be read and signed before the guest group may use the Concord Swimming Pool facilities

Group Name: _____ of (location) _____
(Please Print)

This is to certify that we acknowledge that we have requested use of the Concord Retreat swimming pool facilities during times when a Concord-provided, certified lifeguard will not be present and agree that:

1. The risk of injury to guests in the swimming pool can be significant, including the potential for permanent disability and death.
2. On behalf of our group and organization, I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for our group's use of the pool area & pool.
3. _____ agree to provide adult supervision at all times while our group members are in and around the pool and the gated pool area.
4. Our group will abide by all posted safety rules and regulations during our use of the Concord pool. I understand all of the rules and guarantee we will comply with all rules and regulations at all times while using the Concord pool. There will be NO horseplay or diving at ANY time in or around the Concord swimming pool or environs.
5. If we observe any unusual or unnecessary hazards during our use of the pool, I will bring such to the attention of the management of Concord Retreat, L.L.C.
6. I, for myself and on behalf of our group, our heirs, assigns, and personal representatives and next of kin, hereby release and hold harmless Concord Retreat LLC, with respect to any and all injury, disability, death, or loss or damage to person or property, whether caused by negligence or otherwise, except that which is the result of gross negligence and/or wanton misconduct.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

X _____ Date Signed: _____
Signature

Address _____ City, State, Zip _____

Emergency Phone Number(s): _____