

Lap Swim Sign-Up Sheet

Member(s) _____

Or

Renter(s) _____

Mailing Address: _____

E-Mail Address: _____

Phone Number: _____

I understand and accept that if I participate in the 9-10 AM adult only swim that there will be no lifeguards present. Each member is responsible to make sure that only adults are allowed in the pool area during this time. In addition, I do assume all potential and inherent risks, hazards and injuries associated with such participation. I do hereby waive, release, absolve, indemnify and agree to hold Scatchet Head Community Club harmless including its' officers, directors, trustees, employees, volunteers and participants from any claim arising from this activity.

I accept the rules and conditions of Scatchet Head Association and understand access to the Clubhouse facility may be revoked if the rules are not followed. Violating clubhouse or pool rules, or abuse of membership privileges by purposefully circumventing the policies or rules can lead to the disabling of your card. It would take a Board decision to reinstate the card.

Member(s) Signature (Required) _____

Date: _____