



**Lap Swimming Release Form for
Whitesburg Recreation Association**

Lap swimming at Whitesburg Recreation Association is offered to members only. Member must be 13 years or older. Lap swimming is offered any time the pool is not open or being used for swim or dive team. There will be no guards on duty. Upon signing this release form you will be given the code to the gate. Please lock up after swimming and please do not share the code with non-members.

I, _____, understand and agree that lap swimming at the Whitesburg Recreation Association (WRA) facilities (a.k.a. "Whitesburg Pool") involves certain known risks, including but not limited to, personal injuries, and loss or destruction of my property. I understand and agree that WRA cannot be expected to control all of said risks. In consideration of the benefit of after-hours lap swimming, I hereby expressly and knowingly **RELEASE WHITESBURG RECREATION ASSOCIATION, ITS OFFICERS, AGENTS, VOLUNTEERS, AND EMPLOYEES FROM ANY AND ALL CLAIMS AND CAUSES OF ACTION I MAY HAVE FOR PROPERTY DAMAGE, PERSONAL INJURY OR DEATH SUSTAINED BY ME DURING LAP SWIMMING, WHETHER CAUSED BY MY NEGLIGENCE OR THE NEGLIGENCE OF WHITESBURG RECREATION ASSOCIATION, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES.**

I hereby understand that there will not be guards on duty.

I hereby understand that I must let myself in, and lock the gate when I leave.

Further, I voluntarily and knowingly agree to HOLD HARMLESS, PROTECT, AND INDEMNIFY Whitesburg Recreation Association, its officers, agents, volunteers, and employees, against and from any and all claims, demands, or causes of action from property damage, personal injury or death, including defense costs and attorney's fees, arising out of my participation in lap swimming, REGARDLESS OF WHETHER SUCH DAMAGES, INJURY, OR DEATH ARE CAUSED BY MY OWN NEGLIGENCE, OR BY NEGLIGENCE OF WHITESBURG RECREATION ASSOCIATION, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES.

I HAVE READ AND UNDERSTOOD THIS DOCUMENT, AND MY SIGNATURE EVIDENCES MY INTENT TO BE BOUND BY ITS TERMS.

SIGNED this _____ day of _____, 20____.

Printed Name: _____

Signature: _____

Phone: _____ (Phone number will be used for chemical updates, or any other incident that may affect your ability to swim after hours).