

Lower Makefield Township Parks and Recreation



The Pool at LMT Guest Registration Form - 2021

**Please Note: The pool member must stay with their guest the entire time.
Guests must enter through the Front Gate.**

<ul style="list-style-type: none"> • Up to 5 Guests per Member • Up to 20 Guests with Pavilion Rental • Age 13 and under must be accompanied by an Adult (18+) 	<ul style="list-style-type: none"> • Senior Limited Membership – 1 Guest Only • Caregivers are not eligible to bring guests
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Date:
Member Name:
Home Address:
Key Fob ID Number (located on back of Key Fob):

Liability Waiver

Prior to being permitted access to the facility, the following liability waiver must be signed by all adult guests, as well as by an adult on behalf of minor dependents or minors under their supervision.

In consideration for being permitted use of Lower Makefield Township Community Pool (Community Pool) and for being allowed to participate in Community Pool programs, the undersigned adults agree on behalf of themselves and any minors under their supervision:

1. To make use of Community Pool with full knowledge that such use could result in potential injury or personal property damage.
2. To assume all risks and responsibilities associated with any injuries or personal damage suffered while at Community Pool.
3. To fully and completely release Community Pool, Lower Makefield Township, its departments, employees, agents and volunteers from all claims, liabilities or actions for any injuries to me, injuries to minors in my care and/or 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 Community Pool.
4. To indemnify and hold harmless Community Pool, Lower Makefield Township, its departments, employees, agents and volunteers for personal injury or property damage to other parties caused by the intentional or reckless acts committed by the undersigned adults and/or minors named below while using the Community Pool or participating in Community Pool programs.
5. That I am solely responsible for furnishing medical or other insurance to cover any expenses related to any such personal injuries or property damage.
6. That I have reviewed the Community Pool rules and agree to comply with them.
7. That Community Pool staff have the right to enforce rules of conduct and may remove guests from the premises for failure to comply with these rules. Guests are not entitled to receive a refund after such removal.
8. To provide, if requested, a certified birth certificate or other approved proof of age.

Waiver Signatures

Adults (18 and over) covered by this waiver:

Date:

Print Name: _____	Signature: _____
Print Name: _____	Signature: _____
Print Name: _____	Signature: _____
Print Name: _____	Signature: _____
Print Name: _____	Signature: _____
Print Name: _____	Signature: _____

Minors (under 18) covered by this waiver:

Print Name: _____	Age: _____
Print Name: _____	Age: _____
Print Name: _____	Age: _____
Print Name: _____	Age: _____
Print Name: _____	Age: _____
Print Name: _____	Age: _____

Gate Attendant's Initials: _____

Number of Guests: _____

Number of Guest Passes Attached: _____