



I (print name) \_\_\_\_\_, hereby waive and release all claims for injuries sustained by me and/or my child/children: **(please print all minor child/children's names, ages, and date of birth)**

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\_\_\_\_\_

arising out of all programs, activities, facilities and events associated or connected with Candlewick Lake Association including the swimming pool and beach. I recognize that such programs, activities, facilities and events have certain inherent risks that may result in injury, death, damage or loss and I understand that if I refuse to sign this form, the Association will not allow such participation by me or my child/children. I also understand that by participating in such programs, activities, facilities and events; I expressly assume the risk for any injury, death, damage or loss which I and/or my child/children may sustain as a result of such participation. I further release and discharge Candlewick Lake Association, its officers, agents, servants, employees, and volunteers from any and all claims that my child/children or I may have or which may accrue to my child/children or me as a result of such participation. I further agree to indemnify and hold harmless and defend the Association and its officers, agents, servants, employees and volunteers from any and all claims that my child/children or I may have or which may accrue to my child/children or me as a result of such participation.

I am aware that swimming and other pool activities are vigorous and can involve severe cardiovascular stress. I understand that swimming and other pool activities involve certain risks, including, but not limited to death. In addition, I understand that participation in swimming pool use involves activities incidental thereto, including, but not limited to, the possible reckless conduct of other participants. All stresses and hazards associated with this activity cannot be foreseen.

I (print name) \_\_\_\_\_, am solely responsible for determining whether my child or I am physically fit and/or skilled for participation in Candlewick Lake activities or programs, and I am aware that it is advisable that I and/or my child/children consult a physician before undertaking any activity associated or connected with Candlewick Lake Association's programs, activities, facilities and events. I further represent that I have adequate medical insurance coverage for my child/children and me, and in case of accident or sickness, I hereby consent to emergency medical care provided by ambulance or hospital personnel for my child/children and/or me.

I agree that I and my child/children (if applicable) will abide by all the rules and regulations of Candlewick Lake Association, which may be posted at the facilities, or issued orally and/or published in the Rules and Regulations. These rules may be amended at Candlewick Lake Association's discretion. I agree that I and my child/children (if applicable) will not engage in behavior injurious to the enjoyment of the facilities other Members or Guests. I understand and agree that my and/or my child/children's (if applicable) use of the Pool, Recreation Center, and/or Beach may be immediately terminated if my (or their) behavior is not in accordance with the above.

CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent/Guardian if  
Participant is a minor

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Emergency Contact Phone Number

\_\_\_\_\_  
Date