

Dallas Downs Community Association

RELEASE OF LIABILITY

My signature on this form verifies that I have received, read and agree to abide by the rules set for the Dallas Downs Community Pool.

I understand that there will be NO LIFEGUARD at the pool at any time and that all pool members SWIM AT THEIR OWN RISK. I also understand that children under 14 years old must be accompanied by an adult or a designated care giver or sibling who is 16 years or older. I agree to accept full responsibility for the safety and behavior of my family members, designated care giver and any guest that I bring onto the pool premises.

I hereby release all members of the Dallas Downs Community Association, the Pool Committee and the DDCA Board of Directors of any liability regarding the swimming pool and pool premises.

List names of family members below – include age of children:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If there is a designated care giver / babysitter, please list name and age below:

_____	_____
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Signature of Adult Member

Phone

Date

Board Member Initials: _____