

**Waiver and Release**

I/we are aware of the risks and hazards associated with physical exertion and the use of the swimming facilities; and I/we voluntarily assume all risks of bodily injury that might result from physical exertion or my use of the swimming facilities of the pool. I release and discharge Landisville Pool, its directors, employees agents from any and all liability, claims, demands, actions and causes of actions whatsoever arising out of or related to any loss or damage or injury that I/we may sustain. This release shall be binding upon my executors, administrators, heirs, successors and assigns. I/we have read and fully understand this Waiver and Release voluntarily.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parental Authorization for Emergency Medical Treatment**

THE UNDERSIGNED are the parents or legal guardians for minors listed on the family information sheet.

THE UNDERSIGNED recognize that they may be unavailable in person or by telephone to consent to necessary emergency medical treatment at a time when the minor is injured on the premises of or while using the facilities of the Landisville Pool.

THIS AUTHORIZATION is being expressly given to the Landisville Pool to take all appropriate steps to render immediate emergency medical treatment to such minor until a licensed physician is available for treatment.

THE UNDERSIGNED further agree that should the licensed physician determine that further emergency medical treatment is necessary for the health and well being of the minor, this Authorization expressly allows a licensed physician to provide such care and treatment.

THIS AUTHORIZATION shall remain in full effect until the minor reached age 18, a new Parental Authorization is filed or there is a written revocation of this authorization by the undersigned.

THE UNDERSIGNED expressly agree that a copy of this Authorization shall have the same validity as the original and a copy may be given to a licensed physician or other health care provider.

Intending to be legally bound, the UNDERSIGNED have set their hand and seals on the date(s) set forth below.

Print Name: \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_