

WHISPERING OAKS SWIM & TENNIS PARK

WAIVER

I understand that participation in any activity at
Whispering Oaks Swim & Tennis Park involves a risk of
Accidental injury despite all safety precautions.

Therefore, as a member, parent, guardian or sponsor. I will assume all risks (injury/illness), for myself, children, any family members or guests that may occur during any use of facilities at Whispering Oaks Swim & Tennis Park. In case of sudden injury or illness, I hereby give authority to any hospital or doctor to render immediate aid, as may be required at the time, for me, my children's or guests health and safety.

I certify that I am fully responsible for all costs incurred due to medical or dental treatment as deemed necessary by Whispering Oaks Swim & Tennis Park personnel.

By signing this form, I acknowledge that I am aware of the potential risks of usage at Whispering Oaks Swim & Tennis Park, and agree to in no way hold the management, agents or employees of Whispering Oaks Swim & Tennis Park liable for any injury that I, or my child or guests may sustain.

Print Name _____

Signature _____

Date _____