



11212 Vanderford Dr. Houston, Tx 77099 P.O. Box 1974 Stafford, Tx 77497-0002 Phone: 281-530-6397

Adult Swim Club 2022

I. <u>RULES FOR THE ADULT SWIM CLUB</u>

- 1. Members must be 21 years of age or older. NO CHILDREN, NO EXCEPTIONS!
- 2. Each member must be accompanied by a buddy (also 21 years of age or older).
- 3. Each member and/or their guest must be pre-registered prior to swimming.
 - Parkglen Resident Registration Fee: \$50
 - Non-Resident/Guest Registration Fee: \$45
- 4. No smoking allowed at any time.
- 5. The consumption of alcoholic beverages is strictly prohibited.
- 6. No loud music or music before 8am or after 9pm.
- 7. No diving allowed (Houston City Code prohibits diving when no lifeguards are on duty).
- 8. Swimwear and clothing rules (provided when registering) must be followed at all times.
- 9. Parkglen issued ID bracelet must be worn at all times while in the pool and the pool area.
- 10. Members must sign every time upon entering the pool area.

II. ADULT SWIM CLUB SCHEDULE

Tuesday- Sunday 6am-12pm

The 2022 Adult Swim Club Schedule will run from June 21, 2022 to September 5, 2022.

The pool must be evacuated during rain and immediately at the first sign of threatening weather. The pool is subject to closing without notice and pool hours are subject to change without notice.

I, ______, understand and agree to abide by the aforementioned rules and schedule. If I fail to comply with this agreement, I agree to forfeit my pool card and my pool privileges for a period determined by the Board of Directors.

Member's Signature

Date

PARKGLEN ADULT SWIM CLUB ASSUMPTION OF RISK, WAIVER OF CLAIMS & RELEASE OF LIABILITY FORM

PLEASE READ CAREFULLY! BY SIGNING THIS DOCUMENT, YOU CHOOSE TO WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

I. ASSUMPTION OF RISK

I, ______, the undersigned, voluntarily express my intent to swim at the Parkglen Pool (hereinafter referred to as "Pool"), located at 11212 Vanderford Dr., Houston, Texas 77099, during swim year **2022**. I recognize and understand that at no time during the Parkglen Adult Swim Club hours is there a lifeguard on duty and that I am responsible for the safe operation of the pool. I further recognize and understand that swimming at the Pool involves certain risks. Those risks include, but are not limited to:

- 1. The risk of injury resulting from possible malfunction of the pool equipment.
- 2. The risk of injuries resulting from tripping or falling over obstacles in the pool area.
- 3. The risk of injuries resulting from unsupervised divers and swimmers colliding.
- 4. The risk of other injuries resulting from participating in any action in the pool.

I recognize and fully understand that the above list is not a complete or exhaustive list of all possible risks; the list only provides examples of types of risks that I am assuming.

II. WAIVER OF CLAIMS

In exchange for Parkglen CIA allowing me to utilize the Pool and Pool area, I hereby agree and voluntarily choose to give up all legal rights, including:

TO WAIVE ANY AND ALL CLAIMS that I have or may have in the future against Parkglen Civic Improvement Association, its directors, officers, employees, agents, or representatives (hereinafter referred to as the "Releasees") relating to my use of the pool and pool area.

III. RELEASE OF LIABILITY

In exchange for Parkglen CIA allowing me to utilize the Pool and Pool area, I hereby agree and voluntarily choose to give up all legal rights, including:

TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I may suffer or that my next of kin may suffer as a result of my participation at the Pool due to any cause whatsoever.

TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability from any damage to property of, or personal injury to, any third party, resulting from my participation at the Pool.

I understand that this form is fully effective and shall be effective and binding upon me, and my heirs, next of kin, executors, administrators, and assigns, or anyone else authorized to act on my behalf or on behalf of my estate.

I HAVE READ AND UNDERSTOOD THIS FORM. I AM AWARE THAT BY SIGNING THIS DOCUMENT, I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES, INCLUDING THE RIGHT TO SUE.

Member's Printed Name

Member's Signature

Date

Street Address

Phone Number

Email Address