

Tarrant County Resource Connection

Hold Harmless Waiver and Membership Signature Page

Name _____ Phone (Primary) _____ (Alt) _____

Address

Street _____ City _____ State _____ Zip Code _____

Hold Harmless Waiver for: Swimming Pool and Spa Activities

BY GIVING MY SIGNATURE BELOW I, THE UNDERSIGNED PARTICIPANT, HEREBY AGREE TO WAIVE, RELEASE, HOLD HARMLESS AND INDEMNIFY THE TARRANT COUNTY RESOURCE CONNECTION, ITS AGENTS, EMPLOYEES, OFFICERS AND SUCCESSORS, AND TARRANT COUNTY AND ALL AGENTS, EMPLOYEES, AND OFFICERS OF TARRANT COUNTY (HEREAFTER REFERRED TO AS "TARRANT COUNTY") FROM ANY AND ALL LOSSES, CLAIMS, LIABILITIES, ACTIONS, COSTS AND EXPENSES INCLUDING WITHOUT LIMITATION ATTORNEY'S FEES, INVOLVING PERSONAL OR BODILY INJURY (INCLUDING DEATH) OR PROPERTY DAMAGES WHICH MIGHT BE SUSTAINED BY ME AND/OR MY GUESTS (INCLUDING FAMILY MEMBERS) WHILE ON THE PREMISES OF THE RESOURCE CONNECTION AQUATIC CENTER OR OCCASIONED BY THE USE OF OR CONDITION OF ANY FACILITIES OF THE RESOURCE CONNECTION OR PARTICIPATION IN ANY ACTIVITY OR PROGRAM OFFERED BY THE RESOURCE CONNECTION, WHETHER OR NOT ARISING OUT OF OR RESULTING FROM THE SOLE, CONCURRENT OR CONTRIBUTORY NEGLIGENCE OF TARRANT COUNTY.

IF I AM SIGNING THIS RELEASE AS A PARENT OR GUARDIAN, THEN IN ADDITION TO THE FOREGOING RELEASE, I AGREE, INDEMNIFY AND HOLD HARMLESS TARRANT COUNTY FROM AND AGAINST ANY AND ALL LIABILITY, CLAIMS, ACTIONS, DEMANDS, AND JUDGMENTS WHICH MAY ARISE OUT OF OR IN ANY WAY COULD ARISE OUT OF THE PARTICIPATION BY MY CHILD OR WARD IN THE ABOVE TARRANT COUNTY RESOURCE CONNECTION AQUATIC CENTER ACTIVITIES.

I acknowledge that I have read and understand the facility rules and guidelines and agree to adhere to all facility rules and guidelines. In the event I am a parent or legal guardian of a ward, I acknowledge that I have notified my child/ward of the facility rules and guidelines, and they understand and agree to adhere to all rules and guidelines.

I acknowledge that by violating these facility rules and guidelines I, and/or my child/ward, may be removed from the facility and privileges may be revoked. Persons displaying objectionable behavior and/or violating the rules of the Resource Connection Aquatic Center may be removed from the facilities and privileges revoked.

I hereby verify that the above information is true and accurate to the best of my knowledge and understand that any falsification of information can result in my aquatic center application being rejected or membership being revoked.

I have carefully read this release and understand all its terms, I sign it voluntarily and with full knowledge of its legal consequences.

Signature _____ Date _____

If Applicable, please complete the section below:

Guardian's Signature _____ Date _____

Guardian's Name _____ Phone (Primary) _____

Relationship to Participant _____