

2023 WAIVER AND RELEASE OF LIABILITY FORM

RELEASE OF LIABILITY, WAIVE OF CLAIMS, ASSUMPTION OF RISK

AND INDEMNITY AGREEMENT

**BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS,
INCLUDING THE RIGHT TO SUE**

Assumption of Risk:

I, the undersigned, wish to utilize the Pohnpei Swimming Club Swimming Pool; I recognize and understand that playing at the Swimming Pool involves certain risks. Those risks include, but are not limited to, the risk of injury resulting from possible malfunction of the equipment used in the pool and injuries resulting from tripping or falling over obstacles in the pool area.

In consideration of utilizing the Pohnpei Swimming Pool and/or participating in the Pohnpei Swim Team or Learn-To-Swim Classes, I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against the Pohnpei Swimming Club, their directors, officers, employees, agents and representatives and the Federated States of Micronesia Swimming Association, their directors, officers, employees, agents and representatives (all of whom are hereinafter referred to as “the Releasees”);
2. 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 in any activity at the Pohnpei Swimming Pool due to any cause whatsoever, INCLUDING NEGLIGENCE ON THE PART OF THE RELEASEES;
3. 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 Pohnpei Swimming Pool;
4. That this Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns, in the event of my death.

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

(Please print name clearly)

Date of Birth

Parent/Guardian if participant is less than 18

Phone #

Participant or Parent/Guardian Signature

Date Signed