

Anne Grady Services
Jack Mixon Natatorium
General Participant Release Form

I. General Information

1. Name: _____ 2. Age: _____
2. Address: _____
Street City State Zip
3. Telephone #: _____

II. In accordance with pool policy, Anne Grady Services is informing you of the following rules and regulations:

1. I am aware that pregnant women, elderly persons, and persons suffering from heat related illnesses, heart disease, diabetes, or high or low blood pressure should not enter the pool/spa without prior medical consultation and permission from their doctor.
2. I will not use the pool/spa while under the influence of alcohol, tranquilizers, or other drugs that cause drowsiness or that raise or lower blood pressure.
3. I will not use spa/pool at water temperatures greater than 104 degrees F.
4. I will not use the spa/pool while alone.
5. I will observe reasonable time limits (10 to 15 minutes) when in the spa, then leave the water and cool down before returning for another brief stay.
6. I am aware that prolonged exposure to extreme heat may result in nausea, dizziness or fainting.
7. I am aware that a shower is required prior to using the pool/spa and recommended before getting in, and after getting out reducing the chances of skin irritation.

III. Participant Release:

I understand and agree to the above rules and regulations. I am aware that there are risks, foreseeable and unpredictable, associated with any swimming program and agree that my participation is at my own risk. I hereby understand The Anne Grady Corporation, nor any cosponsoring organization or facility, nor their respective chapters, officers, directors, employees, agents, members, or volunteers, shall not assume or have any responsibility or liability for expenses or medical treatment or for compensation for any injury I may suffer during or resulting from my participation in this program. I do hereby, for myself, my heirs, executors and administrators, waive, release, and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this or any future programs. I also represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation.

Signature: _____ Date: _____

Guardian: _____ Date: _____

Emergency Contact: _____ Phone: _____