

PARENT/CHILD WAIVER FORM

I am legally responsible for a child who is between 12 and 15 years old and said child will use the Durant Trails neighborhood pool area without my supervision. I hereby accept full responsibility for the child's actions while using the pool without my supervision. Furthermore, I agree to release Durant Trails and its representatives from any claim for personal injury or damages resulting from my child's conduct at the pool including personal injury to the child. If the child's behavior is deemed unacceptable by the lifeguard(s) on duty at the time, then I will be contacted AND I will pick them up immediately. If I am contacted for the child's misbehavior, I understand that the child will no longer be permitted at the pool area without adult supervision.

Name of parent/legal guardian: _____

Address: _____

Name of child: _____

Child's age: _____ Child's date of birth: _____

Gender: _____

Primary phone contact number: _____

Secondary phone contact number: _____

Parent's signature: _____ Date: _____

Child's signature: _____