



## Program Waiver

I hereby represent to the Portsmouth Indoor Pool, its affiliated shareholders, partners, officers, agents, employees, and representatives that I am in good physical condition and am able to safely participate in the Portsmouth Indoor Pool programming. I acknowledge that the Portsmouth Indoor Pool urges every participant to have a medical check-up before participating in any Portsmouth Indoor Pool programs. I appreciate the danger of physical stress, strain, or injury and assume whatever risk is involved as a result of my use of the facilities, equipment, or services of the Portsmouth Indoor Pool.

I hereby release and hold the Portsmouth Indoor Pool harmless from and against any and all claims, liability, loss, damage, or injury sustained or incurred in connection with my use of the facilities, equipment, or services of the Portsmouth indoor Pool, and waive any and all claims against the Portsmouth Indoor Pool from any damage or liability resulting from or in the connection with such use, excepting such damage which may be caused by the Portsmouth Indoor Pool negligence.

I hereby grant the Portsmouth Indoor Pool consent and permission to use my name, portrait, image, statements and comments and to copyright, use and publish the same in whole or in part, in any media for purposes relating to the business and activities of the Portsmouth Indoor Pool, including trade or advertising.

I hereby release and discharge the Portsmouth Indoor Pool from any claims or demands arising out of or in connection with such uses, including but not limited to any and all claims for libel or invasion of privacy.

I understand and agree that the program is not a therapy program, nor should it substitute for medical treatment. This release, waiver and consent shall be binding upon me and my heirs, legal representatives and assigns.

**PARENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### PAYMENTS SPRING I SESSION

All participants signing up for the SPRING I session are entitled to a second day within the SPRING I session for 50% off. This is only valid for the same participant.

#### 8 Weeks/ 7 Week session Saturday and Sunday

	Resident	Non-Resident
<b>Member</b>	\$48	\$90
<b>Non-Member</b>	\$72	\$138

Cash \_\_\_\_\_

Check# \_\_\_\_\_

CC # last 4 digits \_\_\_\_\_

Staff Initials \_\_\_\_\_