

## Release of Liability

1. I/We recognize that the use of the swimming pool, equipment and facilities of Del Amigo Pool Association, a California non -profit mutual benefit corporation (Del Amigo), involves a risk of physical injury, including injury caused by the negligence of myself/ourselves or Del Amigo, its officers, directors, agents and employees. I/we agree to assume this risk of injury in its entirety regardless of the cause.
2. On behalf of our heirs, I/we voluntarily and forever release, discharge, waive and relinquish any and all actions, causes of action, or claims for personal injury, property damage, or wrongful death occurring to me/us, against Del Amigo, its officers, directors, agents and employees, arising out of my/our use of the facilities. I/we further relinquish any actions, cause of action, or claims which may arise in the future, and agree under no circumstances will I/we present any claim for personal injury, property damage, or wrongful death against Del Amigo, its officers, directors, agents and employees, arising out of my/our use of the facilities.
3. I/we agree that in the event of any claim for personal injury, property damage or wrongful death to me/us that is prosecuted against Del Amigo, its agents or employees, I/we shall indemnify, and save harmless Del Amigo from any and all such claims and causes of action, including my attorneys' fees and costs.
4. If any of my/our minor children are using Del Amigo Facilities, including the Del Amigo Swim Team, this release of liability also applies to those minor children whose names and dates of birth are indicated below.
5. **It is my/our intention to relieve Del Amigo its officers, directors, agents and employees, from liability for personal injury, property damage or wrongful death caused by negligence from any source.**
6. I have read and agree to abide by the "Del Amigo Pool Rules".

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Dated: \_\_\_\_\_ Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Dated: \_\_\_\_\_ Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Children under 18 years of age, who may be using any Del Amigo facilities, including the Del Amigo Swim Team:

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_