



90 Swanson Rd, Boxborough, MA 01719
Phone: (978)635-0500 www.swymfit.com

Birthday Party/Pool Rental Liability Waiver

Swimmer's Name: _____ Age: _____

Parent/Guardian: _____ Emergency Phone: _____

Address: _____ Town: _____ Zip: _____

Email: _____

Liability Waiver: By signing below, I Parent/Guardian of the registered swimmer recognize the inherent risks of swimming. These include but are not limited to slipping on wet surfaces, cuts, scratches, broken bones and the potential for more serious injury including drowning. I understand that physical activity creates a potential risk to the bones, joints, ligaments and muscles as well as the cardiovascular system. By signing below, I release Swymfit, the Harvard Ridge Fitness Center, its employees, agents and entities thereof from any direct or consequential injuries that may result from being on the premises. I also agree to enforce standard pool safety rules while my child is going to and from the swimming pool and while using the locker rooms. Pool safety rules are posted in the pool area. I understand that it is my responsibility to watch my children, siblings, friends and other guests at all times.

By signing below, I (Parent/Guardian of the registered swimmer) confirm that I have read and understood the liability waiver.

Parent/Guardian Signature/Adult participant: _____ Date: _____



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