

Briarbrook Pool Information Sheet 2019

Ward 3-BCID residents - There will be a \$25 annual fee per household to use the Briarbrook Pool. A current utility statement with your name and address will need to be presented with this form.

Non-residents – Can purchase a season pass for \$250.

Golfing Memberships – No annual fee whether a resident or non-resident

Guest Fees – Must accompany a member, \$5 per person

Assumption of Risk:

1. I, the undersigned, wish to use the Briarbrook Swimming Pool; I recognize and understand that attending and/or swimming at the Briarbrook Pool involves certain risks. Those risks include, but are not limited to, the risk of injury resulting from possible malfunction of the equipment used in the pool and injuries resulting from tripping or falling over obstacles in the pool area.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT In consideration of participating in the Briarbrook Pool, I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have Briarbrook Pool & BCID, their directors, officers, employees, agents and representatives (all of whom are hereinafter referred to as “the Releasees”);
2. TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I may suffer or that my next of kin may suffer as a result of my participation at the Briarbrook Swimming Pool due to any cause whatsoever INCLUDING NEGLIGENCE ON THE PART OF THE RELEASEES;
3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability from any damage to property of, or personal injury to, any third party, resulting from my participation at the Swimming Pool;
4. That this Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns, in the even of my death. I HAVE READ AND UNDERSTOOD THIS AGREEMENT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

Name _____

Address _____

Phone #1 _____ Phone #2 _____

Signature: _____

Family Members living at the above address:

_____ age _____

_____ age _____

_____ age _____

_____ age _____

_____ age _____

_____ age _____

_____ age _____

POOL PASS NUMBER _____

