



**CAROLINA FOREST COMMUNITY SERVICE ASSOCIATION  
COMMUNITY SWIMMING POOL  
RELEASE OF LIABILITY  
AND  
HOLD HARMLESS AGREEMENT**

The following form must be completed, signed and dated by the head of household for each family intending to use the Carolina Forest Community Service Association Community Swimming Pool. Upon receipt of the completed form, a annual pool pass may be assigned to such family.

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

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

List names of all persons residing at your residence, which you anticipate will use the Carolina Forest Community Service Association Community Swimming Pool:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I acknowledge that participation in aquatic activities can be dangerous and that there are certain inherent risks involved in swimming and other aquatic activities which may not be avoidable. I have reviewed the Rules and Regulations for the Carolina Forest Community Service Association Community Swimming Pool and agree to abide by said Rules and Regulations, as well as all Rules which are posted within the pool area. I have also discussed such Rules and Regulations with my children, and with all persons under my care, control and/or supervision who may use the pool.

My signature below attests to the fact that I **RELEASE AND HOLD HARMLESS** Carolina Forest Community Service Association, Inc., its directors, officers, agents, representatives, employees, servants, assigns, and their family members from any and all liability or causes of action resulting from my/my family/my guests'/my invitee's use of the swimming pool. This release is and shall be binding upon my heirs, agents, servants, employees, devisees, family members, beneficiaries, representatives, assigns, executors and administrators. I further agree to **INDEMNIFY AND HOLD HARMLESS** each and all of the parties hereby released from any and all claims, demands, actions and causes of action whatsoever nature or character which have been or which may hereafter be asserted by any persons whomsoever claiming by, through or under me, my family and/or my guests as a result of any injury sustained by any person on the pool premises.

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

Date: \_\_\_\_\_