

**Three Colonies Homeowners Association**

**Liability and Assumption for Risk Waiver**

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

Resident Parent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

As signed below I confirm that my child is between 12 and 15 years of age. He/she is able to swim by themselves at TCHA pool. He/she is also a resident in my home. I further understand that the use of the Three Colonies Homeowners Association pool can lead to serious physical injuries. I acknowledge and agree that I am solely responsible for my child's safe and responsible use of the TCHA facilities. I hereby assume the risk that my child may suffer injury as a result of use of these facilities.

I agree for myself/my child and on behalf of my/my child's heirs, representatives, successors and assigns ("user's parties") that TCHA, including its owners, partners, members, directors, officers, employees and agents will not be liable for any damages or injuries my child may suffer in or around TCHA pool. I agree on my/my child's behalf that neither I nor my child will make a claim against, sue or attach the proper of a TCHA party or affiliate thereof. I agree that TCHA will not be liable for any loss, theft or damage to my child's property.

Resident Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Three Colonies Pool Board Member Signature: \_\_\_\_\_

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