**Hanarry West Swim & Tennis Club S.A.O.R. (Swim at Own Risk) Liability Waiver & Release Form**

Available for members only (no guests) who have a waiver on file.

HW Member Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth/Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I desire to participate in the 2020 or any subsequent Swim Seasons for Hanarry West Swim & Tennis Club SAOR (Swim at Own Risk).

In consideration of my participation, I certify that I am in good health and have no physical or other impediment which would endanger me while participating in these activities and that I have been released and authorized by my doctor to participate in the activities of swimming at my own risk. I acknowledge and agree that these activities have inherent risks. I have full knowledge of the nature and extent of all the risks associated with these activities that include serious injury and death. Swimming can result in serious injury and death from diving incidents, diving off of diving board, drowning, and incidents with other swimmers, falls on deck etc.…These incidents can lead to serious injury, head injuries, paralysis and death. I knowingly and freely assume all such risks. In consideration of my participation in these activities, I hereby (on behalf of myself, my legal representatives, parents, heirs, executors, administrators, and assigns) release and forever discharge the Hanarry West Swim & Tennis Club, including its officers, directors, volunteers, employees, agents etc… from and relinquish and forever waive, any and all claims and causes of action arising out of my participation in swimming at my own risk for negligence, gross negligence, and such other actionable conduct resulting in personal or bodily injury, property damage or death. I will also adhere to the SAOR rules/times below as well as any additional rules published on the current Hanarry West Swim & Racquet Club website www.hanarrywest.com. If a key code or key is given to me, I agree to use this for my own personal use and not to share it with other members or non-members. I agree to keep the gate closed at all times after entering. I agree that to violate any of the published SAOR rules will result in my loss of participation in the program for the current swim season. I attest that my membership dues are current for the season in which I am swimming.

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

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

SAOR Hours

May 1-October 31 sunrise to sunset

Swim Team Hours 8:30a-11:00a M-Sat May 22nd through July 12th

 SAOR Waiver may be mailed, placed in mailbox at 527 Emily Way, Lilburn GA 30047. The code will be given to you via cell phone or in person after waiver is received. It is recommended that a copy be kept for your records.