

Forest Lakes Property Owners Association

RESIDENT and NON-RESIDENT MEMBERS USE OF FOREST LAKES POOL WITHOUT LIFEGUARDS WAIVER

In consideration of the granting of my request to the Forest Lakes Property Owners Association (the "FLPOA") to be allowed use the Forest Lakes Pool without any Lifeguards or other personnel present, I hereby state that:

1. I hereby acknowledge that there are dangers and risk of injuries and loss inherent in using a pool alone or without any lifeguards in attendance. With full knowledge of such risk, I desire to use the pool and fully accept the associated risks.
2. I represent and warrant to the FLPOA that I as well as any persons that may accompany me am able to use the pool appropriately and will abide by the FLPOA Pool and Pavilion Policy. I understand that a Pool Monitor(s) may be present to check passes, etc. and that they do not have the responsibilities of a Lifeguard – so it is still swim at my own risk at these times.
3. I fully accept the personal responsibility and accountability for my personal use of the pool and its facilities. I further accept the same for any persons that may accompany me.
4. I hereby waive for myself, my guests, my heirs and assigns, any and all demands, obligations, liability suits, actions and causes of action and claims of every nature whatsoever which I may have against the FLPOA, its officers, members agents, contractors, sub-contractors and vendors, , caused by or resulting from my use of the pool. This Waiver of Liability shall remain in effect as long as I remain a member of FLPOA.
5. I hereby agree to indemnify and hold harmless the FLPOA, its officers and members, agents, contractors, sub-contractors and vendors from any losses, liabilities, damages or costs which the FLPOA or its agents, contractors, sub-contractors, or vendors may incur, directly or indirectly, due to my use of the pool and/or its facilities or that of any persons accompanying me, including but not limited to losses or injuries suffered by persons not a party to this agreement. I hereby acknowledge that I have read, understood and voluntarily signed this waiver of liability statement and expressly agree that this waiver is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Virginia.

Date of Declaration

Address of Declarer

Printed/Typed Name of Declarer

Signature of Declarer

Printed/Typed Name of Witness

Signature of Witness