



## Town of Landis Pool Member Guest Registration & Waiver

### ***GUEST INFORMATION:***

Guest Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

### ***MEMBER INFORMATION:***

Member Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

INITIAL: \_\_\_\_\_

***GUEST CHECK-IN / CHECK-OUT REQUIREMENT:***

I acknowledge and agree that:

- I am a guest of the sponsoring member listed above;
- I must **arrive with the sponsoring member and check in together** at the front desk;
- I must **leave the facility with the sponsoring member and check out together**;
- Failure to comply with this requirement may result in removal from the facility and suspension of guest privileges for the sponsoring member.

Initials: \_\_\_\_\_

***ACKNOWLEDGEMENT OF POOL RULES AND POLICIES:***

I acknowledge that I have received, read, and agree to comply with all Landis Pool rules, posted signage, and verbal instructions from Town of Landis staff. I understand that violation of pool rules may result in removal from the facility.

Initials: \_\_\_\_\_

***IMPORTANT SAFETY NOTICE – NO LIFEGUARD ON DUTY AT TIMES:***

The Landis Pool is a **members-only municipal facility** operated by the Town of Landis, North Carolina. The facility will always be staffed with Town management and/or supervisory personnel; however, **there may be times when no certified lifeguard is on duty**.

During periods when no lifeguard is on duty:

- Swimming is **at your own risk**;
- No active water surveillance or rescue services are being provided;
- Town staff present are **not acting as lifeguards**.

***ASSUMPTION OF RISK:***

I understand that swimming and aquatic activities involve inherent risks, including but not limited to drowning, slips and falls, collisions, diving injuries, and serious bodily injury or death. I voluntarily assume all such risks associated with use of the Landis Pool, including during times when no lifeguard is on duty.

INITIAL: \_\_\_\_\_

***WAIVER, RELEASE, AND LIMITATION OF LIABILITY (NORTH CAROLINA):***

In consideration of being permitted to enter and use the Landis Pool as a guest, I hereby agree as follows:

1. **Release and Waiver:** To the fullest extent permitted by North Carolina law, I waive, release, and discharge the Town of Landis, its elected officials, officers, employees, agents, volunteers, and representatives from any and all claims arising out of or related to injury, death, or property damage occurring during my visit to the Landis Pool.
2. **Governmental Immunity:** I understand that the Town of Landis is a North Carolina municipal corporation and that nothing in this agreement shall be construed as a waiver of governmental or sovereign immunity to the extent such immunity applies.
3. **Limitation:** This waiver does not apply to claims resulting from gross negligence or willful or wanton misconduct, to the extent recognized under North Carolina law.
4. **No Lifeguard Disclosure:** I acknowledge that there may be times when no lifeguard is on duty and that this disclosure is a material term of this agreement.

***INDEMNIFICATION (MINORS):***

If the guest listed above is under the age of 18, the parent or legal guardian signing below agrees to indemnify and hold harmless the Town of Landis from any claims brought by or on behalf of the minor, except as prohibited by North Carolina law.

***SEVERABILITY:***

If any portion of this agreement is held invalid or unenforceable, the remaining provisions shall remain in full force and effect.

***CERTIFICATION AND SIGNATURE:***

I certify that the information provided is accurate. I have read and understand this Guest Form and Waiver and voluntarily agree to its terms.

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

Printed Name: \_\_\_\_\_

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

**Parent or Legal Guardian (required if guest is under 18):**

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

**Office Use Only:**

Date of Visit: \_\_\_\_\_

Check-In Time: \_\_\_\_\_

Check-Out Time: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

INITIAL: \_\_\_\_\_