

Woodlake Swim Club
Board of Directors
April 2021

For Office Use:
Keep on file for
current season.

GUEST WAIVER

WOODLAKE SWIM CLUB ~ 1445 LOCHBRAE ROAD ~ SACRAMENTO 95815 ~ 925-5555

GUEST NAME _____
PRINT FULL NAME

ADDRESS _____

CITY _____ STATE _____ PHONE _____

As a guest of The Woodlake Swim Club, Inc., I agree to use the facilities at my own risk and hereby, for myself, my heirs, executors and administrators waive and release any and all rights and claims for all damages I might have against The Woodlake Swim Club or its agents, or any and all injuries which may be suffered by me in connection with the use of the facilities of The Woodlake Swim Club and agree to hold The Woodlake Swim Club harmless. I further agree to pay for any and all defendant's legal costs and attorney's fees resulting from any lawsuit, which I or my family may bring against The Woodlake Swim Club, Inc., its board of directors or members.

Guest signature _____
Parent or guardian must sign for guests under 18 yrs old.
(emergency contact number for persons under 18: # _____ - _____)

As the sponsoring member of my guest and by signing below, I realize I am responsible for his/her actions while a guest at The Woodlake Swim Club, Inc.

Member signature _____

Print last name _____

Today's Date _____

Please follow the posted Guest Rules to determine payment. Unless payment is excluded as noted on the posted Guest Rules, a member's guest(s) pays \$4.00 per day per person for use of the facilities and grounds.

Payment is based on the *honor system*. Pay at the window during office hours when an attendant is available or use the available envelopes to insert money and the GUEST WAIVER and put envelope in the office.

Have fun!