

LIABILITY WAIVER

I, the undersigned parent or legal guardian of a minor child under 18 years of age, consent to my child participating in swimming lessons instructed by Nancy Anderson. I confirm that my child is in good physical condition, but I also understand that as in any physical activity, there is an inherent risk of physical injury. I, for myself and my child, assume the risk and release and hold harmless Nancy Anderson from all liability for personal injury arising out of my child's participation in swim lessons. I hereby grant permission for my child to participate in these lessons and I also grant permission for my child to be treated by a licensed physician in the event of any injury, illness, or other mishap, and/or to be transported to a medical facility for treatment. If such an event should occur, I agree to assume all costs related to the incident. I will list any physical and/or mental conditions below that Nancy Anderson should be aware of while teaching swim lessons to my child.

Signature of parent/guardian
(over 18 years of age)

Date

Please list any physical limitations below:

In consideration of the use of Lynnwood Downs (LWD), or Fieldstone Farm's (FF) facilities, I, (parent or guardian) _____, do hereby forever release and relinquish all rights or claims which I may have against LWD/FF, Inc., LWD/FF Homeowners Association and their officers, employees or agents (collectively "Lynnwood Downs"/ "Fieldstone Farms") arising out of my use of the LWD/FF facilities and hold LWD/FF harmless.

I understand that in this release, I forever waive and relinquish all rights which I may have against Lynnwood Downs/Fieldstone Farms including claims which I may have if Lynnwood Downs/Fieldstone Farms is negligent or otherwise responsible for any damage or injury to me or my property. I recognize that certain activities in which I may be engaged are by their nature hazardous and I assume all such risks. I further understand that if I do not execute this release that I will not be permitted to use the LWD/FF facilities and that in consideration for access to these facilities this release is required.

Name: _____
(Parent or Guardian signature if under 21 years of age)

Date: _____