



# VISITOR WAIVER OF CLAIMS AND WRITTEN ASSUMPTION OF RISKS

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

To whom it may concern,

- “ The undersigned has voluntarily requested permission of the CSISD to visit and utilize the CSISD facilities and to participate in department activities. The risks involved have been explained and the undersigned has fully satisfied himself / herself concerning the nature, extent, and types of risks involved in the activity and further has familiarized himself/herself with the condition of equipment, facilities, or premises.
- “ In consideration of the granting of such permission, I do hereby accept any and all risk of injury or loss associated with this activity, and I do hereby waive all claims of liability against the College Station I.S.D., employee, or volunteer thereof, for personal injuries or other losses which I might incur while this waiver is valid.
- Must be 18 years or older to reserve the pool facility.
- All CSISD rules must be followed, and CSISD reserves the right to refuse service to anyone.

\_\_\_\_\_  
Visitor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Visitor's Name (please print legibly)

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

Witness: \_\_\_\_\_

Title: \_\_\_\_\_

*I have received and agree to the terms and conditions as well as the Rules and Regulations for the use of the College Station swimming pool.*

**Signature:** \_\_\_\_\_

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

.....  
**Aquatic Use Only**

Departmental Approval: \_\_\_\_\_

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

Activity and risks discussed and explained by: \_\_\_\_\_

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