



ROCKWALL ISD AQUATIC CENTER DROP IN AGREEMENT



Name: _____ Phone: _____

Would you like to join our mailing list? Yes or No E-Mail address: _____

I acknowledge that I am over the age of eighteen and am fully competent to sign this agreement. I further acknowledge that the nature of the activities may expose me to hazards or risks that could result in injury, personal illness, or death. I understand and appreciate the nature of such inherent hazards and risks.

In consideration of being permitted to participate in activities at the Rockwall ISD Aquatic Center, I hereby accept all risks to my health and of injury or death which could result from such participation. I hereby release Rockwall ISD, its governing board, officers, employees, and representatives from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness, personal injury, or death that may result from or occur during my participation in the activities, whether caused by negligence of the institution, its governing board, officers, employees, or representatives. I further agree to indemnify and hold harmless the institution and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described activities. Watch for symptoms of COVID-19. As of August 27, the Texas Education Agency recommends the following list when evaluating whether an individual has symptoms consistent with COVID-19. If you begin to experience any of these symptoms, you are encouraged to contact your healthcare provider. As a reminder, any community member who has a positive lab-confirmed COVID-19 diagnosis or who have been in close contact with an individual who is lab-confirmed COVID-19 positive should notify Aquatics Staff. Any of the following symptoms indicate a possible COVID-19 infection: • Temperature of 100.0°F or higher when taken by mouth • Chills, shaking or exaggerated shivering • Cough • Difficulty breathings, shortness of breath • Headache • Sore throat • Diarrhea, nausea or vomiting • Loss of taste or smell • Congestion or runny nose • Significant muscle pain or ache; fatigue. For more info visit rockwallisd.com

I UNDERSTAND THAT I MUST ADHERE TO ALL RULES PERTAINING TO FACILITY USE AT ALL TIMES. I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY, DEATH, OR DAMAGE TO MY PROPERTY THAT OCCURS IN THE DESCRIBED ACTIVITIES AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMES FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION DURING THE TERM OF MY LAP SWM.

Non Refundable

Signature

Date



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