



Squaxin Island Pool

Registration Form

Name: _____ DOB: _____

Spouse/Partner: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone: Home (____) _____ Work (____) _____

Cell (____) _____

Family Participants (all children in household):

Name(s): _____ DOB: _____

_____ DOB: _____

_____ DOB: _____

_____ DOB: _____

_____ DOB: _____

For more children use another form.

Check if applicable: Rec Program Stepping Stones Daycare

Emergency Contact Information

Name: _____

Relationship: _____

Phone: (____) _____ or (____) _____

For Office Use Only

C- _____

EMP# _____

Descendant _____



Squaxin Island Pool

Waiver/Release of Liability (Please Read Carefully)

In consideration of being permitted to enter Squaxin Island Tribal Pool for any purpose, including but not limited to: observation, use of facilities or equipment, or participating in any way, the undersigned, for him or herself, and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering will inspect such premises and facilities. It is further warranted that such entry into Squaxin Island Tribal Pool for observation, participation or use of any facilities or equipment constitutes an acknowledgement that such premises and all facilities and equipment thereon have been inspected and that the undersigned accepts the same as being safe and seasonably suited for the purposes of such observation or use.

In further consideration of being permitted to enter Squaxin Island Tribal Pool for any purpose, including but not limited to observation, use of the facilities or equipment, or participation in any way, the undersigned agrees to the following:

The undersigned hereby agrees to indemnify and save, and hold harmless the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about Squaxin Island Tribal Pool premises or in any way observing or using the facilities or equipment of Squaxin Island Tribal Pool whether caused by the negligence of the releases or otherwise.

The undersigned hereby assumes full responsibility for and risk of, bodily injury, death or property damage due to the negligence of the release or otherwise while in, about or upon the premises of Squaxin Island Tribal Pool and/or while using the premises or any facilities or equipment hereon.

The undersigned further agrees that the foregoing "release waiver and indemnity agreement" is intended to be as broad and inclusive as is permitted by the law of the State and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned has read and voluntarily signs the "Release and Waiver of Liability and Indemnity Agreement", and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS Waiver/Release of Liability

SIGNATURE: _____ DATE _____

PARENT SIGNATURE (IF GUEST IS UNDER 18): _____ DATE: _____

Please Print Name _____

STAFF SIGNATURE: _____ DATE: _____