VILLAGE INN ON THE LAKE WAIVER AND RELEASE OF LIABILITY

I, (par	ent) consents to	(child)
to participate in a swimming pool party at the	e Village Inn on the Lake (3310 Memorial Drive,	Two
Rivers, WI 54241) on(date	e) organized by	<u> </u>
(organizer).		
I understand that all swimmers using the Villa	age Inn on the Lake swimming pool do so at thei	r own risk
Swimming is a recreational sport that can be	hazardous to those in the pool or the pool area.	All
parents and/or guardians of participants in the	ne swimming pool party recognize the dangers o	of
swimming and expressly assume all risks asso	ociated with those dangers.	
By signing this Waiver and Release of Liability	y, I, on behalf of myself and my family, estate, ar	nd heirs,
hereby release the Village Inn on the Lake, th	ne employees, agents, and owners from any liabi	lity or
responsibility for any injuries or damages, wh	nether foreseen or unforeseen, which the partici	ipant may
sustain while in or around the swimming poo	ol area. I hereby agree to accept any and all risk	of
personal, injury, illness, death or property da	mage and verify this statement by placing my sig	gnature.
I certify that my child/minor is in good health	and has no physical condition that would preve	ent
participation in this activity. Furthermore, I a	gree to use my/minor's personal medical insura	nce as a
primary medical coverage payment if accider	nt or injury occurs. I consent to emergency medi	cal
treatment in the event such care is required.		
Parent/Guardian (Print)		
Parent/Guardian (Signature)		
 Date		