

To be completed and
RETURNED with Payment.

SHELLY ACRES SWIM CLUB MEMBERSHIP
APPLICATION AND MEDICAL RELEASE FORM
2024 SEASON

Mail to: S.A.S.C.
P.O. Box 2335
Mansfield, OH 44905

MEMBER INFORMATION				
FIRST AND LAST NAME:				
ADDRESS:				
CITY:		ZIP CODE:		
PHONE:		CELL PHONE:		
BOND HOLDER?		BOND NUMBER (must have)		
	FIRST NAME	LAST NAME	AGE	ADDITIONAL INFORMATION
ADULT 1				
ADULT 2				
CHILD				
CHILD				
CHILD				
CHILD				
CHILD				
CHILD				
CHILD				
CHILD				

Waiver of Liability

This agreement releases **Shelly Acres Swim Club** from all liability relating to injuries that may occur **at the swim club**. By signing this agreement, I agree to hold **Shelly Acres Swim Club** entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

I also acknowledge the risks involved in **swimming and playing**. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

By signing below, I forfeit all right to bring a suit against **Shelly Acres Swim Club** for any reason. In return, I will receive **participation in activities at the Swim Club**. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

I, _____, fully understand and agree to the above terms.

Sign _____ Date _____

COMPLETE THE BACK ALSO

