



POOL DAY PASS

YMCA OF NORTHEAST LOUISIANA

LIABILITY WAIVER

I understand that use of the facilities and equipment at the YMCA of Northeast Louisiana’s Twin Lakes Country Club may involve risk of bodily injury or property damage and I agree to assume any such risks. I understand that it is up to me to consult physicians and other professionals to make sure that I can safely participate in activities and events at the YMCA of Northeast Louisiana’s Twin Lakes Country Club.

PARENT/GUARDIAN RELEASE

I, the undersigned, on behalf of myself, my spouse, heirs, assigns, and the members named herein, assume all risks and hazards related to the participant’s participation in any activity conducted at the YMCA of Northeast Louisiana’s Twin Lakes Country Club. Further, I do hereby release and hold harmless the City of Monroe, its elected and appointed officials and employees associated with the YMCA of Northeast Louisiana’s Twin Lakes Country Club from any and all liability and/or claims resulting from injuries, damages, or losses arising out of or in connection with the member’s participation at the YMCA of Northeast Louisiana’s Twin Lakes Country Club to the fullest extent permitted by law. I hereby assume all risk of injury, damage, and liability, and waive any right of recovery from or to bring suit against the City of Monroe, to the fullest extent permitted by law, for any illness, personal injury, death, or other consequence arising out of my own, my spouse, heirs, assigns, and the members’ named herein voluntary participation in these activities. By signing this waiver, I agree to comply with the rules and regulations set forth by the YMCA of Northeast Louisiana’s Twin Lakes Country Club staff. YMCA staff reserves the right to remove any individual(s) who fails to comply with any rules and regulations set forth in the YMCA of Northeast Louisiana’s Twin Lakes Country Club and management will determine length of expulsion from the facility. Refunds will not be issued to any individual(s) asked to leave the facility.

FEE

\$10.00 per Adults (18 & older)

\$5.00 per Children (17 & Under)

DAY PASS PARTICIPANTS:

NAME	AGE	SIGNATURE (PARENT/GUARDIAN MUST SIGN FOR CHILDREN UNDER 18)	DATE
1.			
2.			
3.			
4.			
5.			

OFFICE USE ONLY:
DATE RECEIVED:
STAFF INITIALS:
PAYMENT AMOUNT: