This No Lifeguard on Duty Waiver must be used in addition to the Waiver of Rights, Assumption of Risks, Release of Claims, and Agreement to Indemnify Waiver

WAIVER OF RIGHTS, ASSUMPTION OF RISKS, RELEASE OF CLAIMS, AND AGREEMENT TO INDEMNIFY

NO LIFEGUARD ON DUTY SWIM AT YOUR OWN RISK

This No Lifeguard on Duty Waiver (the "Supplemental Waiver") is supplemental to the Waiver of Rights, Assumption of Risks, Release of Claims, and Agreement to Indemnify Waiver (the "Waiver"). All language of the Waiver is incorporated by this reference.

No lifeguard will be present at the pool during certain hours of the pool season ("<u>Unsupervised Swim Hours</u>"). You recognize and accept that staff on duty during Unsupervised Swim Hours are not responsible for lifeguarding duties, and accept the risk associated with use of the Pool without supervision of a lifeguard or any other staff. You recognize and acknowledge that using or accessing the Pool during Unsupervised Swim Hours is INHERENTLY DANGEROUS and involves risk of serious personal injury and loss, including, but not limited to: drowning, malfunctions in Pool equipment, and the risk that no one may be present to assist You.

You recognize and acknowledge that **NO LIFEGUARD WILL BE PRESENT** at the Pool during Unsupervised Swim Hours. You recognize and acknowledge that pool staff, such as pool monitor(s) who may be present to enforce the pool rules during regular operating hours, are not lifeguards and do not assume lifeguard duties. **Using the Pool without the supervision of an on-duty lifeguard is dangerous and poses a risk to your safety, and You hereby accept all risk of using the Pool without the supervision of an on-duty lifeguard**. Being fully aware that use of the Pool involves risks, You agree, covenant and promise and voluntarily assume all responsibility or liability and all risks and dangers.

BY SIGNING THIS SUPPLEMENTAL WAIVER, YOU AGREE THAT YOU UNDERSTAND THE POTENTIAL RISKS OF USING THE POOL DURING UNSUPERVISED SWIM HOURS.

Name	Date of Birth	Signature		Date	
Address	City, State, Zip Co	ode	Telephone number		
*Name of Participant (*Complete if the participal	unt is different than the signo	or)	_		
Name	Date of Birth	Signature		Date	
Address	City, State, Zip Co	City, State, Zip Code		Telephone number	
*Name of Participant			<u>—</u>		

(*Complete if the participant is different than the signor)

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Name	Date of Birth	Signature		Date
Address	City, State, Zip Code		Telephone number	
*Name of Participant (*Complete if the participant is dif	forent than the signor)	_		