

Rancho Calaveras Clubhouse

3995 S. Hwy 26 Valley Springs CA 95252 (209)772-1355 rcpoa2@gmail.com

POOL AND CLUBHOUSE RELEASE OF LIABILITY WAIVER

This Waiver and Release of Liability (the “Agreement”) is between Rancho Calaveras Clubhouse (“Releasee”) and the undersigned participant/guest (Releasor)

Name of Guest: _____

I understand that using the swimming pool, pool deck, clubhouse, and surrounding amenities (“Facility”) involves inherent risks, including but not limited to:

- Physical Injury: Slipping, tripping, or falling on wet surfaces.
- Water Risks: Drowning, near-drowning, or injuries from diving, swimming, or horseplay.
- Illness: Contracting diseases or illnesses from shared water or surfaces.
- Equipment Failure: Malfunction of furniture or pool equipment.
- Property Damage: Loss or damage to personal items brought into the clubhouse or pool area.

I voluntarily, on my own behalf and on behalf of my children/dependents, assume all risks of personal injury, death, or property damage associated with using the Facilities, even if arising from the negligence of the Releasee.

I hereby release, waive and discharge Rancho Calaveras Clubhouse, it’s board members, officers, agents, and employees from any and all liability, claims, or causes of action for any loss, damage or injury (including death) arising out of or related to my use of the pool and clubhouse, **INCLUDING CLAIMS BASED ON THE NEGLIGENCE OF THE RELEASEE.**

I agree to hold harmless and indemnify Rancho Calaveras Clubhouse from any and all liability for personal injury or property damage to any third party (Including my guests) resulting from my, or my guests’, use of the pool or clubhouse.

In the event of an injury, I authorize the Releasee to secure emergency medical treatment. I agree to be Solely responsible for all costs associated with such treatment.

This Agreement shall be governed by and construed in accordance with the laws of the State of California.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY.

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PARTICIPANT INFORMATION

Name (Print): _____ Date: ____/____/____

Second Adult: _____

Address: _____

Phone: () _____

Email: _____

Minor Name(s):

_____	Age: _____
_____	Age: _____
_____	Age: _____
_____	Age: _____
_____	Age: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____