

Hillsboro City Pool Emergency Contact Information: Swimming Lessons & Pool Passes

Please fill out information for all family members who will use the pool

Family members' names (first and last): _____

Address: _____

Primary phone number(s): _____

Emergency contact name and number: _____

Emergency contact name and number: _____

Health History

Physical disabilities or chronic conditions (eye sight, hearing loss, diabetic, etc.):

Describe the condition and treatment for the conditions listed previously:



Participation Waiver and Release

LIABILITY WAIVER: All participants are required to sign the following release. Parents or guardians must sign for minors. I, the undersigned, do hereby agree, or agree for the above named registrant for whom I am the parent or guardian, to participate in the activity indicated am aware of and understand that there may be risks and hazards inherent with participants in this activity. I affirm that I, or the minor registered for this activity, am doing so as a voluntary participant. In consideration of my participation or participation of the minor I do hereby agree to release, waive, absolve, indemnity on behalf of myself or minor, my/his/her family, my/his/her heirs and my/his/her assigns the City of Hillsboro, its employees, officers, agents and sponsors from liability for injury, death or loss suffered by me or the minor in any and all present and future claims, liabilities, damages or right of action directly or indirectly resulting out of participation in the activity, using the facilities, or engaging in any activities incidental thereto during the duration of the scheduled program, which result from the ordinary negligence for the City of Hillsboro, its employees, officers, agents and sponsors. The City of Hillsboro does not provide accident insurance to participants in recreational activities and I assume full responsibility for any and all injuries or damages which may occur to me while participating.

COVID-19 RELEASE: I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Hillsboro Pool and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand and agree to release any claims against the City of Hillsboro based on the actions, omissions, or negligence of the City of Hillsboro, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any program at the Hillsboro Pool.

MEDICAL EMERGENCY RELEASE WAIVER FOR MINORS: In the event of a medical emergency, I authorize City of Hillsboro Staff to obtain medical treatment for my son/daughter or minor for which I am guardian.

MEDICAL INFORMATION: If there are any medical conditions/allergies/disabilities the instructor/program supervisor should be aware of the participant or parent of the participant should discuss this with the instructor/program supervisor the first time the program meets.

Signature: _____ Date: _____

Minors Name(s): _____