LAKE PARADISE SWIMMING POOL WAIVER

By my signature below, I acknowledge that I am aware of, appreciate the character of, and voluntarily assume the risks involved in participating in all activities associated with swimming inour public pool. By my signature below, on behalf of myself, my heirs, next of kin, successors in interest, assigns,personal representatives, and agents, I hereby:

1. Waive any claim or cause of action against and release from liability Lake Paradise Resort,its officers, employees, and agents for any liability for injuries to my person or property resulting from my use of the facility or participation in the activity listed above;
2. Agree to indemnify and hold harmless Lake Paradise Resort, its officers, employees, andagents for any claims, causes of action, or liability to any other person arising from my use of the facility or participation in the activity listed above;
3. Consent to receive any medical treatment deemed advisable in the event of injury,accident or illness during these activities; and
4. Acknowledge that a participant under 18 years of age signing below as a minor child, asignature is required by the parent or legal guardian of the minor child to participate.

I HAVE READ THIS ASSUMPTION OF RISK, WAIVER OF LIABILITY AND RELEASE AGREEMENT. I CONSENT TO MEDICAL TREATMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature/Parent Signature if under the age of 18	Signature/Parent Signature if under the age of 18