

**HSRC S.A.O.R. (Swim at Own Risk)
Liability Waiver & Release Form**

Available for members only (no guests) ages 21 and over who have a waiver on file.

HSRC Member Name _____ Member Number _____
Address _____
Date of Birth/Age _____

I desire to participate in the 2016 or any subsequent Swim Seasons for HSRC SAOR (Swim at Own Risk).

In consideration of my participation, I certify that I am in good health and have no physical or other impediment which would endanger me while participating in these activities and that I have been released and authorized by my doctor to participate in the activities of swimming at my own risk. I acknowledge and agree that these activities have inherent risks. I have full knowledge of the nature and extent of all the risks associated with these activities that include serious injury and death. Swimming can result in serious injury and death from diving incidents, diving off of diving board, drowning, and incidents with other swimmers, falls on deck etc....These incidents can lead to serious injury, head injuries, paralysis and death. I knowingly and freely assume all such risks.

In consideration of my participation in these activities, I hereby (on behalf of myself, my legal representatives, parents, heirs, executors, administrators, and assigns) release and forever discharge the Hanarry Swim and Racquet Club, including its officers, directors, volunteers, employees, agents etc... from and relinquish and forever waive, any and all claims and causes of action arising out of my participation in swimming at my own risk for negligence, gross negligence, and such other actionable conduct resulting in personal or bodily injury, property damage or death.

I will also adhere to the SAOR rules/times below as well as any additional rules published on the current HSRC website www.hanarry.org. If a key code or key is given to me, I agree to use this for my own personal use (21 & older) and not to share it with other members or non-members. I agree to keep the gate closed at all times after entering, and if using the restroom key, I will return it to lock box before leaving. (Lockbox on wall by double French doors – same code as gate.) I agree that to violate any of the published SAOR rules will result in my loss of participation in the program for the current swim season. I attest that my membership dues are current for the season in which I am swimming.

Participant Signature: _____
Printed name: _____
Cell Phone: _____
Email: _____

Date ____/____/_____

Regular Guarded Hours
11am – 9pm M-Sat., 12p – 9pm Sun.

SAOR Hours

Pre-Season	May 9 th -25 th	Hours 6:30am until 4pm, (swim team 4-6:30pm), then 6:30pm-10pm
Regular Season	May 26 th - Aug 7 th ,	Hours 6:30am until 11am (except swim team hours) and 9pm-10pm
		Swim Team Hours 8:00a-11:00am M-W, Thurs 9:00am-11:00am
Post Season	Aug 8 th – Oct. 1 st	Hours 6:30am until 10pm (this includes any guarded hours).

All pool use is excluded during Home Swim Meets from 3:30pm-11pm (dates to be determined).

SAOR Waiver may be mailed, placed in mailbox at 707 Bruce Way, 30047 or scanned and emailed to John Rowell – jrowell996@gmail.com. The code will be given to you via cell phone or in person after waiver is received. It is recommended that a copy be kept for your records.

If you have not received code, please call or text:
John Rowell 404-784-4979 or jrowell996@gmail.com
David Morse 404-625-0963