

PARENTAL CONSENT, RELEASE, AND BAR OF ALL CLAIMS

STATE OF TEXAS
COUNTY OF TRAVIS

*
* KNOW ALL MEN BY THESE PRESENTS
*

I, _____, am the _____ of _____, hereinafter "my child" or "said child", a minor. I am conservator of said child and I have legal authority to execute this document. It is my desire that my child be permitted to swim in swimming pools owned by the Windermere Homeowners Association, Inc. I am aware of the dangers inherent in permitting a child of this age to swim in a community pool. I am further aware that without my written consent my child would not be permitted to swim in the pools owned by the Windermere Homeowners Association, Inc.

I agree that this consent shall constitute a bar to any recovery by me individually and/or as representative of my minor child or to any recovery by said child individually or by or through any other representative in any way arising out of the said child's use of said pools, swimming in said pools, and/or presence in the pool or within the pool premises which are bounded by the iron fence enclosure. I further understand that this bar and release extends to all persons and/or entities in any way involved in the ownership, maintenance, operation, or management of the pools and pool premises. I further understand that my child must abide by all the pool rules and this waiver to swim on his/her own may be revoked at any time.

The undersigned guarantees and represents that the child named above was born on _____, _____, and that he/she can swim well enough that his/her use of, and presence in, the pools does not constitute a significant or unacceptable risk of injury to him/her or to others using the pools.

I further agree that permitting my child to use and swim in the pools is sufficient consideration for my execution of this document.

Dated this _____ day of _____, 20__.

(Signature)

(Printed Name)

(Address in Windermere)

(Phone Number)

STATE OF TEXAS *
COUNTY OF _____ *

This instrument was acknowledged before me on the _____ day of _____, _____, by _____.

Notary Public State of Texas

(Printed or Typed Name)

My Commission Expires: _____

Parent: Please return this signed and notarized form with an attached photo of your child to WHOA, P.O. Box 1158, Pflugerville, TX 78691-1158. Waivers will not be accepted by lifeguards.