

Medical Release Waiver, Liability Waiver and Responsibility for Medical Costs:

I authorize the City staff to act on my behalf, or on behalf of my child/ward, if medical treatment for myself or my child/ward is necessary. In the event of illness or injury, I authorize the City to obtain medical treatment and authorize medical services to be provided under the medical insurance for my household, or if none, at my expense. I agree to pay all medical costs related to any injury or illness that I or my child/ward may incur during participation in the Event.

I further acknowledge and agree that the City shall not be responsible for payment of medical services for myself or my child/ward and that any City insurance that may exist does not cover my medical costs.

Liability Waiver:

In consideration of the City of Albuquerque allowing my or child’s/ward’s participation in this private pool rental, I hereby forever release, discharge and hold harmless the City of Albuquerque, its employees, staff and volunteers from liability for any and all claims, demands, lawsuits, expenses or charges which may accrue or result from any injuries from my or my child’s/ward’s participation in the Event, both on and off City property. I knowingly and voluntarily assume all risks of pool use, including but not limited to, drowning, injury from slip and falls, injuries from pool chemicals, injuries from striking the pool and its surrounding structures, such as stairs, ladders or bulkheads, bacterial infections, or electrical shock from lightening or other causes.

Acknowledgment of Medical Release and Responsibility for Medical Costs

By signing below, I acknowledge that I am signing this form freely and voluntarily, and have read the document in its entirety.

I further acknowledge that I have carefully read the Medical Release Waiver, Responsibility for Medical Costs, and Liability Waiver, and fully understand, agree with, and accept all of the terms herein. I understand that the terms of the Medical Release Waiver and Responsibility for Medical Costs, and Liability Waiver are contractually binding on myself and my heirs.

Print name

Date

Child/ward’s name, if signing on their behalf

Signature

Date