

**Township of New Hanover**

**Parks and Recreation Department**

**HICKORY PARK COMMUNITY POOL MEMBERSHIP APPLICATION**

**HOLD HARMLESS AGREEMENT**

***In consideration for being permitted access to the Hickory Park Community Pool, the under-signed AGREES on behalf of themselves, as well as their minor children (if any), and for a family membership, for all other family members and their guests, included in the membership, to the following:***

1. To make use of the Hickory Park Community Pool (HPCP) with full knowledge that such use could result in potential injury, death, or personal property damage. Even though the HPCP and the Township are taking precautions against COVID-19, it is acknowledged that there is no guarantee against the spread of that and other viruses.
2. To follow all rules as issued by any governmental authority, and to assume all risks and responsibilities associated with any injuries, death or personal property damage suffered in conjunction with use of the HPCP.
3. To immediately report any positive COVID test result to HPCP, to not attend the pool if any COVID symptoms arise, and to cooperate in any effort at contact tracing.
4. To indemnify and hold harmless the HPCP, New Hanover Township, its departments, employees, agents and volunteers for personal injury, death, or property damage to themselves, guests and other parties resulting from or associated with use of HPCP.
5. That HPCP staff have the right to enforce rules of conduct and may remove guests from the premises for failure to comply with these rules. Guests are not entitled to receive a refund after such removal.
6. To provide, if requested, a certified birth certificate or other approved proof of age and, if requested, proof of residency.

***By affixing my signature here, I certify that I am acting as head of household or responsible party, in agreeing to this liability waiver on behalf of myself and the family members, and their guests who are included with me in my family membership rights.***

\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor’s Name

Parent or Guardian’s Name

Signature Date