

High Woodlands Pool  
Emergency Contact and Release

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Name of Children \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

In consideration of the right and privilege to participate at the pool, we hereby release, waive, and agree to hold harmless the High Woodlands Pool, Home-owners Association, it's member, board and employees for any and all liability, claims, legal actions and demands of any nature whatsoever which may arise from or in connection with the use of the pool.

I, hereby authorize the High Woodlands staff to act for me and/or my children, according to their best judgment in an emergency requiring medical attention

\_\_\_\_\_

Signature

\_\_\_\_\_

Date