



Party / Event - Guest Waiver Form

HOORAY!! You've been invited to a pool party at Shadow Oaks Recreation Association! Please read the rules and event waiver below. A signed copy will be required to participate in the party events.

SORA is located at:

10502 Westview Dr,
Houston, TX 77043

SORA Website: www.sorapool.org Phone: (281) 888-0063

GUEST GUIDELINES:

- All children who cannot independently survival swim, **must** be accompanied by an adult in the water.
- All children under the age of 3 years, or not yet potty trained, **must** wear a swim diaper.
- Each party guest **must** have a signed waiver with them in order to participate in any pool activities.
- Please come prepared with swim gear and a towel.

PARTICIPANT(S) WAIVER:

In consideration of being allowed to enter SORA grounds and/or participate in any party or program at Shadow Oaks Recreation Association, the undersigned, on his/her own behalf, and/or on behalf of the participant(s) indemnified below, acknowledges, appreciates and agrees to the following conditions:

I the parent/legal guardian of the participant(s), agree that the participant(s) and I shall comply with the stated rules and conditions for participation in any party and/or program at Shadow Oaks Recreation Association. In addition, if I observe any hazard during our participation, I will bring it to the attention of the nearest official immediately.

I am aware that participation in Shadow Oaks Recreation Association programs, parties, and/or use of the facility creates a risk of injury and/or fatality, and I, on behalf of myself and the participant(s), knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others; and,

I for myself and the participant(s), and our respective heirs, assigns, administrators, personal representatives and next of kin, hereby release and hold harmless Shadow Oaks Recreation Association and their affiliates, officers, agents, employees, sponsoring agencies from and against any all claims, injuries, liabilities or damages arising out of or related to participation in any/all Shadow Oaks Recreation Association programs, activities, parties and use of the facility.

Guardian Name: _____ Signature: _____

Participant(s) Name(s): _____

Phone: _____ Email: _____

Name of Party/Event Host: _____ Date: _____