Waiver

Last name	First name	МІ		
Street Address	City	State	Zip code	
Email address	Home pho			
property, and that heirs, personal repr Aquatics, its success agents from any lial premises. This waiv	by engaging in such use esentatives or assigns, sor(s) or related entitie bility and all claims arisi	, I assume full re I do hereby relea s, directors, offic ing from the use , but is not limite	sponsibility for such ris ase, waive, hold harmle ers, employees, volunt of the Embassy Suites ed to, personal injury (i	ent that involves injuries to persons an sks. Therefore, on behalf of myself, my ess, and covenant not to sue Ann's teers, independent contractors, and facilities, services, equipment, or including death) from accidents or property.
	Sibilatare			
		W	aiver	
Last name	First name	MI		
Street Address	City	State	Zip code	
Email address	Home phone			

I understand and agree that use of the pool, at Embassy Suites, services, equipment that involves injuries to persons and property, and that by engaging in such use, I assume full responsibility for such risks. Therefore, on behalf of myself, my heirs, personal representatives or assigns, I do hereby release, waive, hold harmless, and covenant not to sue Ann's Aquatics, its successor(s) or related entities, directors, officers, employees, volunteers, independent contractors, and agents from any liability and all claims arising from the use of the Embassy Suites facilities, services, equipment, or premises. This waiver of all claims includes, but is not limited to, personal injury (including death) from accidents or illness, as well as any and all claims resulting from damage to, loss of, or theft of property.

Signature