FORT RAPIDS
INDOOR WATERPARK RESORT

4560 Hilton Corporate Drive
Columbus, OH 43232
(614) 868-1380
www.fortrapids.com

FORT RAPIDS INDOOR WATERPARK RELEASE FORM

PLEASE READ CAREFULLY BEFORE SIGNING RELEASE

I hereby acknowledge that I, the members of my family and our guests, in attending and using Fort Rapids Indoor Water Park and related facilities located in Columbus, OH, do so at my, our, or their own risk. Fort Rapids Indoor Water Park shall not be liable for any loss or damage to personal property or for any personal injuries sustained by me, members of my family or our guests in, on or about the premises. I assume full responsibility for any injuries or damages which may occur to me or members of my family or to our guests in, or about the premises. I do hereby fully and forever release and discharge Fort Rapids Indoor Water Park, their employees and agents from any and all claims, demands, damages, resulting from or arising out of use of the facilities by me, the members of my family or our guests.

I hereby certify that I and the members participating in this function are in good health and are able to use the swimming pool and related facilities without assistance. I understand that life guards **will** be present when we are using the facility. I and the members participating in this function will not use the facilities under the influence of alcohol or drugs. I understand that no areas in the facility are designed for diving. I have read fully and agree to abide by the rules and regulations for the use of Fort Rapids Indoor Water Park.
I represent that at the time of receiving and signing the agreement and release, I am of lawful age and legally competent to execute it, and that before signing this agreement and release I have fully informed myself of its contents and execute with full knowledge thereof

Date of Event 4/17/09 - 4/18/09

Participating Child's Name _____

Participating Child's Group Name _____

Parents Name (printed) _____

Parents Signature_____

Phone Number_____

E-mail: _____

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FORT RAPIDS INDOOR WATER PARK RELEASE FORM

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I hereby certify that I and the members participating in this function are in good health and are able to use the swimming pool and related facilities without assistance. I understand that life guards **will** be present when we are using the facility. I and the members participating in this function will not use the facilities under the influence of alcohol or drugs. I understand that no areas in the facility are designed for diving. I have read fully and agree to abide by the rules and regulations for the use of Fort Rapids Indoor Water Park.
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Participating Child's Name_____

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Phone Number_____

E-mail: _____