



Great Sky Homeowners Association, Inc.

I, the undersigned **Participant**, voluntarily agree to accept the lap swim at your own risk at the Great Sky pool. The Great Sky pool is open, every day for lap swim only, from 6:30am-8:30am. I acknowledge that no other participants will accompany me. Further, I acknowledge the following for the Great Sky pool that I am utilizing for the lap swim:

**WARNING!
NO LIFEGUARD ON DUTY
RISK OF DROWNING**

Participant (18 years of age or older):

Participant's Signature Date

Participant's Residence Address

Print Participant's Full Name

Participant's Phone# Email

Emergency Contact Name

Emergency Contact Phone Email