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**WAVES INDOOR WATER PARK at the AMERICANA CONFERENCE RESORT AND SPA
WAIVER & RELEASE OF LIABILITY FORM
PLEASE READ CAREFULLY BEFORE SIGNING RELEASE**

I hereby acknowledge that I, the members of my family and our guests, in attending and using *Waves Indoor Water Park* at the *Americana Conference Resort and Spa* and related facilities do so at my, our, or their own risk. This further acknowledges that the *Americana Conference Resort and Spa* shall not be liable for any loss or damage to personal property or for any personal injuries, death or loss resulting from any cause whatsoever. I assume full responsibility for any injuries or damages that may occur to me, or members of my family of the guest in, or about the premises. I do hereby release and forever discharge the *Americana Conference Resort and Spa*, their employees and (the operators) or any one or more of them from any and all claims, demands or damages. The risks include those foreseen, unforeseen, unknown and unknown.

I hereby certify that I and members participating in this function are in good health and are able to use the swimming/wave pool and related facilities without assistance. I understand that lifeguards will be present when we are using the facility. I, and the members participating will not use the facilities under the influence of alcohol and drugs. I understand that no areas in the facility are designed for diving. *Waves* reserve the right to remove any person(s) who are acting in an unacceptable or inappropriate manner. I have read fully and agree to abide by the rules and regulations for the use of *Waves Indoor Water Park* at the *Americana Conference Resort and Spa*.

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 content and execute with full knowledge thereof. I acknowledge I have read and understand the above.

Date: _____ Name of Participant: _____

Signature of Participant if over 18 years old or
Parent/Guardian of Participant

Relationship to Participant if under 18 years old

I would like to request a lifejacket for the above participant: YES NO

Name: _____

Address: _____

Province: _____ Postal Code: _____ Phone: _____

Email Address: _____

I would like to receive mailings for special offers and updates: YES NO