

**Tarrant County Resource Connection  
Participant Data Form**

Please print except where a signature is required

**Activity or activities** Swimming Pool and Spa Activities

Name \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Guardian's Name \_\_\_\_\_ Phone (Home) \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Persons displaying objectionable behavior and/or violating the rules of the Resource Connection Aquatic Center may be removed from the facilities and privileges revoked.

I hereby confirm the above information is true and correct and agree to abide by all rules and regulations of the Resource Connection Aquatic Center. I further understand that if the above information is determined to have been falsely stated, I will forfeit my Resource Connection Aquatic Center privileges.

**BY GIVING MY SIGNATURE BELOW I, THE UNDERSIGNED PARTICIPANT, HEREBY AGREE TO WAIVE, RELEASE, HOLD HARMLESS AND INDEMNIFY THE TARRANT COUNTY RESOURCE CONNECTION, ITS AGENTS, EMPLOYEES, OFFICERS AND SUCCESSORS, AND TARRANT COUNTY AND ALL AGENTS, EMPLOYEES, AND OFFICERS OF TARRANT COUNTY (HEREAFTER REFERRED TO AS "TARRANT COUNTY") FROM ANY AND ALL LOSSES, CLAIMS, LIABILITIES, ACTIONS, COSTS AND EXPENSES INCLUDING WITHOUT LIMITATION ATTORNEY'S FEES, INVOLVING PERSONAL OR BODILY INJURY (INCLUDING DEATH) OR PROPERTY DAMAGES WHICH MIGHT BE SUSTAINED BY ME AND/OR MY GUESTS (INCLUDING FAMILY MEMBERS) WHILE ON THE PREMISES OF THE RESOURCE CONNECTION AQUATIC CENTER OR OCCASIONED BY THE USE OF OR CONDITION OF ANY FACILITIES OF THE RESOURCE CONNECTION OR PARTICIPATION IN ANY ACTIVITY OR PROGRAM OFFERED BY THE RESOURCE CONNECTION, WHETHER OR NOT ARISING OUT OF OR RESULTING FROM THE SOLE, CONCURRENT OR CONTRIBUTORY NEGLIGENCE OF TARRANT COUNTY.**

**IF I AM SIGNING THIS RELEASE AS A PARENT OR GUARDIAN, THEN IN ADDITION TO THE FOREGOING RELEASE, I AGREE, INDEMNIFY AND HOLD HARMLESS TARRANT COUNTY FROM AND AGAINST ANY AND ALL LIABILITY, CLAIMS, ACTIONS, DEMANDS, AND JUDGMENTS WHICH MAY ARISE OUT OF OR IN ANY WAY COULD ARISE OUT OF THE PARTICIPATION BY MY CHILD OR WARD IN THE ABOVE TARRANT COUNTY RESOURCE CONNECTION AQUATIC CENTER ACTIVITIES.**

I have carefully read this release and understand all its terms, I sign it voluntarily and with full knowledge of its legal consequences.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_