

Community Park Pool Guest Request Form/Waiver

*Present this form upon entry to the pool
At this time guests are allowed on weekdays only. No more than 5 guests per family.*

**Guest Fees:
Guest of Pool Member: \$6 youth and \$12 adult
Guest of DAC Holder: \$13 youth and \$16 adult**

Pool Member/DAC Holder (Name of Person Sponsoring Guest(s))

First Name _____

Last Name _____

Phone _____

Email _____

Address _____

Select One: Pool Member DAC Holder

Guest #1 Info

First Name _____ Last Name _____

Phone _____

Guest #2 Info

First Name _____ Last Name _____

Phone _____

Guest #3 Info

First Name _____ Last Name _____

Phone _____

Guest #4 Info

First Name _____ Last Name _____

Phone _____

Guest #5 Info

First Name _____ Last Name _____

Phone _____

Princeton Recreation Department Guest Health Form

Each guest 18 & over must sign their own waiver

***Parent/Guardian may sign one (1) waiver for multiple guests under eighteen (18).**

Does the guest live in the same household or have close contact with someone who in the last 14 days has been in isolation for COVID-19 or had a test confirming the virus. YES NO

Has the guest or anyone in the family (household) been in contact with someone who has tested positive for COVID-19 in the last 14 days? YES NO

Has the guest exhibited any of the following symptoms today (or within the last 24 hours) which cannot be better explained by another condition? (Fever, Chills, Repeated Shaking/Shivering, Cough, Sore Throat, Shortness of Breath, Difficulty Breathing, Unusually Weak/Fatigued, New Loss of Taste of Smell, Muscle Aches/Pains, Running/Congested Nose, Diarrhea? YES NO

Please provide additional information if symptoms present are better explained by another condition (e.g. exercise induced muscle soreness, diagnosed seasonal allergies).

Acknowledgement of Risk:

I recognize that there are certain risks of physical injury inherent with my participation in this program, and in order to minimize these risks I agree to obey all rules and regulations, follow all safety procedures, and to obey any and all instructors, assistant instructors and staff members assigned to this program. I certify that I am in proper physical condition for safe participation in this program, and agree that it is incumbent upon me to immediately inform a program instructor, assistant instructor or staff members should my condition change at any time during my participation in this program. Because the Princeton Board of Parks and Recreation Commissioners-Recreation Department is a public entity, I recognize that my ability to recover damages from the Princeton Board of Parks & Recreation Commissioners-Recreation Department and its officers, agents, servants and employees as a result of injury, death or other loss I may suffer due to my participation in this program may be limited by the provision of the Tort Claims Act (N.J.S.A. 59:1-1, et seq.). By signing below, I acknowledge that I understand my and/or my children's responsibilities as outlined above.

Guest Name: _____

Guest Signature (if 18 & over) _____

Date: _____

Parent/Guardian Signature (if under 18) _____

Date: _____

***Parent/Guardian may sign one (1) waiver for multiple guests under eighteen (18).**

Please list the names below of all minors for which parent/guardian is signing the waiver:

