



Aldryngton School PTA Pool Club **Visitor Disclaimer Form**

Regarding Agreement in Respect of the Use of Aldryngton School Swimming Pool

1. I accept that the use of the School pool by myself or members of my family/my guests shall at all times be entirely and solely at my/our/their own risk and we shall take reasonable care and abide by the Operating Procedure & Rules of the School pool.
2. I acknowledge and accept that Wokingham Borough Council, the Headteacher, staff, and Governing Body of the Aldryngton Primary School, members of Aldryngton School PTA (the PTA) and the Pool Coordinators, pool supervisors and helpers shall, to the extent of the permitted law, have no liability whatsoever for loss, damage, or personal injury of any kind suffered or incurred by me, any member of my family and / or any member of my visitors family in respect of or in any way connected with the use of the School pool, the changing facilities or the surrounding area.
3. I hereby indemnify the Council, bodies and persons referred to in clause 2 above in respect of all liability, claim, cost, expense, charges, loss and/or damage whatsoever arising in respect of or in any way connected with the use of the School pool, the changing facilities or the surrounding area by me, members of my family, apart from claims for death or bodily injury arising through the negligence of Wokingham Borough Council, its servants or agents, the Governing Body or the PTA.

In this document, the “School” means Aldryngton Primary School and “Visitors” means any person or persons not connected to the school.

This form must be signed by a Parent or Guardian of children (under 18) who intend to use the Pool as a Guest. Visitors over the age of 18 will need to complete details as appropriate and sign the form in their own respect.

Pool Club Member’s Name (adult): _____

Visitor’s Parent/Guardian Signature: _____ Dated: _____

Relationship to the visiting child(ren): _____

Please enter names of ALL visitors who are under the age of 18:

	Name of child	Age
1		
2		

Name of Adult Visitor(s) using the pool: _____

Adult Visitor Signature(s): _____

Please note that the data you supply will be held by the PTA for the purposes of administering the pool and will not be released to third parties.