



KHA SWIM CLUB

(850) 893-3468 OFFICE (850) 668-0530 FAX KHA@KILLEARN.ORG

RELEASE AND WAIVER

PLEASE READ CAREFULLY AND SIGN BELOW

This Release and Waiver is signed in consideration for access and/or permission to use the swimming pool at The Killearn Estates Swim Club.

**I UNDERSTAND THAT DURING THE 2026 SWIM SEASON
BEGINNING ON MAY 1, 2026 AND ENDING OCTOBER 4, 2026
THERE WILL NO LIFEGUARD ON DUTY.**

On behalf of myself and my minor child/children (if any) listed below, I agree to:

1. Release, waive, discharge, and covenant not to sue Killearn Homes Association, Inc. (KHA), for or from any and all liabilities, responsibilities, claims, demands, causes of action or injury or death that may be sustained by me, my minor children while participating in any recreational activity at the Killearn Estates Swim & Tennis Club (the facility) whether caused by KHA's active or passive negligence.
2. Use the facilities at The Killearn Estates Swim and Tennis Club at my own risk.
3. Abide by all rules and regulations of The Killearn Estates Swim Club, which may be posted at the facility or issued orally or published in any KHA newsletter or website. I further agree that neither I, nor my minor children, our guests or invitees, will engage in behavior that may injure ourselves or other guests, or disturb the enjoyment of the facility for others, and that our use of the facility may be terminated immediately if we engage in any behavior that violates the rules and regulations.

I confirm that I am at least 18 years of age and are legally competent to enter into this Agreement. I acknowledge that there is video monitoring at the Swim Club. It is my express intent that this release shall bind the members of my family and spouse, as well as my heirs, assigns and personal representatives, and shall be governed by the laws of the State of Florida.

\$5 guest fees are payable in advance. There is a \$25 charge for replacement key cards.

Member/Parent

Date

Member/Parent

Date

Child/Children's Printed Name(s)

Parent or Guardian Signature

Date

Day Time Telephone #: _____ After Hours Number : _____

Emergency Contact Person _____ Telephone # _____