



BEST WESTERN INN – KELOWNA HOTEL SWIMMING WAIVER

To: All Users of Best Western Inn On-Site Pool Facilities

From: Hotel Management / Legal Department

Cc: Files

Date: March-23-10

Re: Waiver and Release of Liability

The *Best Western Inn – Kelowna* acknowledges that in consideration of being allowed to use *Best Western Inn – Kelowna* Pool and All Related On-Site Activities the undersigned agrees, acknowledges, and appreciates that:

- 1) The risk of injury from the activities involved is significant, including the potential for permanent injury and/or death. While following particular rules and personal discipline *may* reduce the risk, serious potential for harm does exist.
- 2) I knowingly and of freewill assume *all* such risks, both known and unknown, foreseen and/or unforeseen, even if arising from the negligence of the *RELEASEES* or others, and assume *FULL* responsibility for my participation.
- 3) I knowingly and willingly agree to comply with *ALL* posted rules and regulations, *ALL* customary terms and conditions for participation. If I, *however*, observe any unusual activities or significant hazard during my presence or participation, I will *immediately* remove myself from participation and inform and bring to the attention of the staff of the *Best Western Inn – Kelowna* such observations I have made that constitute a possible hazard.
- 4) I, for myself and on behalf of all heirs, assigns, personal representatives, and/or next of kin, *known and/or unknown*, hereby *RELEASE AND HOLD BLAMELESS* all staff, management, owners, directors, shareholders, including those of Salco Management of/or related to the *Best Western Inn – Kelowna*.

I have read this release of liability and assumption of risk and fully understand its terms, conditions, and that I have given up substantial rights by signing it. I agree I have signed this release of free will and voluntarily without coercion or any inducement whatsoever.

Participant’s signature (or that of legal guardian): _____

Please print name of the above: _____

Children’s Name(s): (1) _____ (2) _____

(3) _____ (4) _____

Witness: _____ **Witness Print Name:** _____

Emergency phone number: _____ **Date signed:** _____