



Bolivar Aqua Zone

1710 W. Broadway Bolivar, Mo. 65613 417-777-1215 scheney@bolivar.mo.us

ZIP LINE WAIVER

All zip line participants MUST pass a swim test to ride.

Parent/Guardian:		Phone:
Address:		
City:	State:	Zipcode:
The individuals listed below, have their parent/guardian's permission to participate in Bolivar Aqua Zone's zip line feature and are capable of passing a swim test, which is required in order to ride.		
Name:		Birthdate:
Name:		Birthdate:
Name:		Birthdate:
Name:		Birthdate:
Name:		Birthdate:
Name:		Birthdate:
Name:		Birthdate:
Please read carefully: In consideration for the City of Bolivar agreeing to allow me to use the facilities and services of the Bolivar Aqua Zone, I agree to the following: I am fully aware of the risks inherent in the physical activities and programs at the facility, and I agree to only engage in and permit my family members and guest to only engage in activities and programs at the swimming pool which are appropriate for me and my family/guest. I will indemnify, defend, and hold harmless the City of Bolivar and its agents, officers, and employees for any claims against them as a result of any use of City facilities and programs by me and my family. This Agreement and Application contain the entire agreement between me and the City of Bolivar and is contractual and not a mere recital. The City reserves the right to make any modifications, amendments, or waivers upon written notice.		
Signature:		Date:

