2013 SENATE PAGE/MESSENGER PROGRAM

OMNI HOTEL SWIMMING POOL WAIVER FORM

This form MUST be notarized in the space below.

Please Print

I,_____, by signing this waiver,
Parent/Guardian
relieve the Commonwealth of Virginia and Omni Hotels of any responsibility for any injury or death that may occur to _____ _____ _____
First Middle Last
(a page/messenger) while using, or as a result of using, the pool facilities located at the Omni Richmond Hotel.

Name of Parent/Guardian (*Please Print*)	Signature of Parent/Guardian	Date month/day/year
Name of Parent/Guardian (*Please Print*)	Signature of Parent/Guardian	Date month/day/year

COMMONWEALTH OF VIRGINIA

city/county of_____ to wit:
The foregoing pool waiver was acknowledged before me on the ____ day of _____
(year)_____ by

Official Notary Stamp

_____
Signature of Notary Public

My commission expires _____