

EXHIBIT "K"

BLOCK HOUSE MUNICIPAL UTILITY DISTRICT
Application to Use District Recreational Facilities and Release of Liability

Name _____ Email _____ Home# _____
Address _____ Work# _____
Street _____ City _____ Zip _____ Cell # _____
Spouse _____ Email _____ Home# _____
Work# _____
Cell# _____

| Household Members | DOB | Medical Allergies/Condition |
|-------------------|-------|-----------------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |

Emergency Contact Person

1. _____ Home# _____ Cell# _____ Work# _____
2. _____ Home# _____ Cell# _____ Work# _____

Would you like to be added to the District's email distribution list (newsletters, email alerts, etc.)?
Yes/No

May we contact you if you are interested in swim lessons or other programs? Yes/No

The undersigned hereby applies for use of the District's facilities on behalf of ourselves, family members, guests, group or organization. We acknowledge that the use of these facilities is subject to regulation by the District, and we agree that our use is subject to compliance with all applicable District rules. We understand that the District does not, by the provision of these facilities, assume any responsibility or liability to us, and we undertake such use at our own risk. In consideration of being allowed to use the District's facilities, we assume all responsibility for and release and discharge the District, its agents, officers, officials, employees and representatives, whether paid or volunteer, from all claims, demands, actions, judgments and executions which we ever had, now have, or may have in the future, or which our heirs, executors, administrators or assigns may have or claim to have against the District, its agents, officers, officials, employees and representatives, for all personal injuries and property damage, known or unknown, caused by or arising out of the use of the District's facilities.

We further waive any claim for damages for or arising out of the use of the District's facilities. We acknowledge that we are engaging in this activity at our own request and risk and are not entitled to any compensation, benefit or insurance coverage from the District, nor will we claim any from the District. We further acknowledge that we are familiar with the activities involved in use of the District's facilities and are physically able to perform them. If this application is on behalf of our minor children, we hereby represent that we are legal guardian(s) of our children and, in our capacity as such, assume full responsibility for them and their compliance with applicable District rules in accordance with the terms of this release.

We have read this application and release and understand all its terms. We execute it voluntarily and with full knowledge of its significance.

District Representative _____ Date _____

Applicant Signature _____ Date _____

Amount Paid _____ Check# _____ Money Order# _____