|  |
| --- |
|  |



**Whites Farm Swimming Pool**

**Lone Swimmers Agreement**

I acknowledge that there is no supervision over my use of the pool. There is no life guard or video surveillance. Should I get into difficulties whilst using the pool there is nobody who can come to my aid. I accept that it is on this basis that I may swim alone at White’s Farm Swimming Pool.

Signed: .............................................. Date: ...................................

Print Name: ...............................................

**t** 01787 227064 **e** pool@whites-farm.co.uk **w** [www.whitesfarmswimmingpool.com](http://www.whitesfarmswimmingpool.com) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Whites Farm Bures Road White Colne Colchester CO6 2QF