

THE SWIMMING FACILITIES AT

are not supervised by a lifeguard or other responsible person. In place of on-site supervision, this facility has established a series of safeguards to be followed by all guests.

We are required to notify you of these rules, to ensure that water rescue equipment is at the pool or beachside and that the swimming area is maintained in a sanitary manner. In the interest of your safety and that of your guests, we require you to follow these rules.

Please read the safety rules located at the entrance and outlined in this brochure. If you have any questions, we will be happy to discuss them with you.

- NEVER SWIM ALONE. A minimum of two adults 18 years of age or older, must be present whenever this swimming facility is in use, with at least one adult on the pool deck or beachfront.
- THERE IS NO SUBSTITUTE FOR ADEQUATE SUPERVISION. Children under 16 years of age must be accompanied to the bathing facility by a parent or guardian, or similar adult responsible for their safety and behavior.
- IN AN EMERGENCY, NOTIFY THE FACILITY OPERATOR AND CONTACT HELP IMMEDIATELY. A free telephone is provided at this facility. Telephone numbers for the nearest emergency medical service are posted.
- Only use this facility during posted hours of operation.
- Don't drink alcohol and swim.

Injuries can be prevented and safety is everyone's responsibility. If you notice any problems with the water quality or the absence of safety equipment, please notify us at once.

YOUR SAFETY IS IMPORTANT TO US. HAVE A SAFE & ENJOYABLE STAY.

After you have read this brochure, please sign the tear-off section provided and return it to us. Only guests of this facility who have received and read this brochure may use the bathing area.

I have read and understand the bathing safety rules at this facility. I understand there will be no lifeguard on duty at this facility. I will abide by the rules listed in this brochure.

Please fill in your name and room or campsite number in the lines below and sign and date where specified. Thank you.

Name _____

Room Number _____

Signature _____

Date _____

Use Of Our Swimming Facilities



State of New York
Eliot Spitzer, Governor

Department of Health
Richard F. Daines, M.D.,
Commissioner

3141

English

3/07

