Agenda Bayshore Gardens Park & Recreation District Policy and Procedure Committee Meeting Wednesday; November 08, 2023, at 7:00 P.M.

- 1. Roll Call
- 2. Policy for Cool Water Lap Swimming
- 3. Additional Items as Needed
- 4. Adjourn

Pursuant to Section 286.26, Florida Statutes, and the Americans with Disabilities Act, any handicapped person desiring to attend this meeting should contact the District Manager at least 48 hours in advance of meeting to ensure that adequate accommodations are provided for access to the meeting.

Pursuant to Section 286.0105, Florida Statutes, should any person wish to appeal a decision of the Board with respect to any matter considered at this meeting, he or she will need to ensure that a verbatim record of the proceedings is made, including the testimony and evidence upon which the appeal is based.

BAYSHORE GARDENS PARK AND RECREATION DISTRICT AGENDA FORM FOR TRUSTEES

1002F

Completed form due in the office by 4:00 p.m. eight (8) days prior to meeting date. This form can be utilized to bring a motion and/or discussion topic to the board. Motion Defined: A motion is a request, or proposal, for the board to take action on an issue. Agenda Item: Policy for cool water lap swimmers Meeting Date: 11/08/2023 Type of Meeting: committee meeting Workshop _____ Board Meeting ____ Motion: _____ Discussion: _____ (check one) Rationale for Request: Policy creation for cool water lap swimmers (below 70*) Estimated Costs to District: (if applicable) none Attachments/Supporting documents: None: 1026FOB = 1010W = 1010R 10/26/2023 **Board Trustee:** Date:

Print Name:

Received By:

Cori Howell

___ Date: __ 10/2(

BAYSHORE GARDENS PARK AND RECREATION DISTRICT FOB #: _____ FOB FOR SWIMMING POOL GATE FOB #: _____ 1026FOB **RESIDENTS ONLY** Date: Email Address: Owner: ______ Phone Number: _____ 8:00 AM - Noon Lap Swimming: Yes____No___ Water Exercise: Yes____No___ Number of people in household: _____ Names: 1. ____ Starting date of this agreement October 1, _____ and ending September 30, _____ I(we) understand that the FOB is for the use of the swimming pool by our family and our guests and must be renewed annually. Additionally, I understand that all swimmers must sign the Pool waiver. If FOB is lost or damaged, I may replace the lost/damaged FOB See Rate Schedule I/we understand that we are responsible for the use of the FOB's issued to our family. Should anyone using the FOB's assigned to us violate any rule, regulation, policy or procedure of Bayshore Gardens Park and Recreation District, our FOB/S may be deactivated pending a Board of Trustee review of the violation according to Board of Trustee policy. Public Hearing Policy 1030PH will be furnished to you upon request. The FOB is not transferable. I/we have read this contract and understand my/our responsibilities and have received a copy of this contract. The annual cost per FOB is See rate Schedule. NUMBER OF FOB'S ISSUED _____ × ____ AMOUNT COLLECTED \$ **Owner Signature**

Approved: 9/27/18 Sharous Denson

Revised: 08/25/21 Revised: 10/27/21 Revised: 8/24/22 Maleriale. Words

Effective: 9/27/18

Renter Signature

Witness Signature

POOL LIABILITY WAIVER

This form must be completed before a homeowner, renter, or other family members, including minor children or guests can use the District Pool Facility.

READ THIS FORM COMPLETELY AND CAREFULLY, IT MUST BE COMPLETED AND PROPERLY EXECUTED BEFORE USING THE BAYSHORE GARDENS POOL FACILITIES.

You, on behalf of yourself, your family, and those authorized by you are given permission to use the Bayshore Gardens Park and Recreation District Pool Facilities in exchange for permission to use the pool facilities, you agree and contract on behalf of yourself, your family, and those you are authorizing to use the facilities, along with their respective heirs, successors, and assigns to release, indemnify, defend, and hold harmless the Bayshore Gardens Park and Recreation District, along with its official, employees, officers, volunteers, and agent for any and all damages, claims, losses, suits, causes of action, liabilities, judgments, costs, and expenses including attorney fees arising out of or related to use of the pool facilities.

The Bayshore Gardens Park and Recreation District is an Independent Park and Recreation District and subdivision of the State of Florida. It enjoys sovereign immunity pursuant to Section 768.28 Florida Statutes and the execution of this form is not a walver of such liability, moreover, the District's liability, if any, is limited to the amount specified in section 768.28, Florida Statutes that arises out of Tort, contract or otherwise.

You acknowledge that the activities either you or your family, and those authorized by engaging in are potentially dangerous activities. You are additionally acknowledging on behalf of yourself, your family, and those authorized by to use the pool facilities that, even if Bayshore Gardens Park and recreation District uses reasonable care in providing the activity, there is a chance of serious injury or death resulting from participating in these activities because there are certain dangers inherent in the activity which cannot be avoided or eliminated.

NO CHILD MAY SWIM WITHOUT LIFEGUARDS PRESENT UNLESS ACCOMPANIED BY AN ADULT.

YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM AND BAYSHORE GARDENS HAS THE RIGHT TO REFUSE TO LET YOU, YOUR FAMILY, OR THOSE AUTORIZED BY YOU PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

DATE

POOL LIABILITY WAIVER (continued)

BY SIGNING THIS DOCUMENT YOU ARE ACKNOWLEDGING THAT YOU HAVE THE AUTHORITY TO BIND THE PERSONS YOU ARE ACTING ON BEHALF OF.

SIGNATURE OF AUTHORIZED AGENT SPOUSE DATE

Address: ______ Home Phone:

PRINT NAME OF SPOUSE

List names, ages, birthdate and relationship of all covered by this agreement

NAME	AGE	BIRTHDAY	RELATIONSHIP	
NAME	AGE	BIRTHDAY	RELATIONSHIP	<u> </u>
NAME	AGE	BIRTHDAY	RELATIONSHIP	
NAME	AGE	BIRTHDAY	RELATIONSHIP	· ·
NAME	AGE	BIRTHDAY	RELATIONSHIP	·
NAME	AGE	BIRTHDAY	RELATIONSHIP	

Approved: 5/15/18 Skanon Deuton.

Revised: _

Effective: 5/15/18

PRINT NAME OF AGENT

- The pool is for the use Bayshore Gardens Residents and their guests. Other
 groups may be authorized to use the pool from time to time by the Board of
 Trustees.
- 2. Pool capacity 104
- 3. No one in the pool except during posted hours without prior approval
- 4. Everyone using the pool must sign a waiver and obtain a pool pass from the District Office before entering the pool area.
- 5. Lifeguards are in charge of the pool
- 6. Do not enter a swimming lane when swimmer is swimming laps
- 7. Must shower before entering pool
- 8. No one with a cold, communicable disease, open sores, and wounds, and Band-Aids are allowed in the pool.
- No one 14 or under may swim without a lifeguard on duty unless accompanied by an adult.
- 10. No one under 10 may be in the pool without an accompanying adult
- 11. Animals not allowed in pool area other than a service dog
- 12. Proper attire must be worn in the pool, no cut offs, thongs, jeans or street clothes of any kind
- 13. Do not swallow pool water
- 14. No food or alcoholic beverage in pool area
- 15. No glass containers in pool area
- 16. No electronic devices allowed unless silenced by earphones
- 17. No abusive language, riding on shoulders, running, shoving, spitting, shouting, or fighting
- 18. No diving from areas marked in red.
- 19. You must wait to dive until the diving area is clear
- 20. You must be at least 42 inches tall to be on the slide
- 21. No climbing on the slide, you must use the steps
- 22. Swim diapers allowed in the pool