

PARTICIPATION LIABILITY WAIVER FOR CHILD/MINOR

Participant's Name: _____ Today's Date: _____

Parents Name: _____ Parents Phone: _____

Parents Email: _____

Notice of Risk / Acknowledgement of Possibility of Injury

We, the staff of, owners and representatives of **Mountain Wave Swimming** recognize our obligation to make our participants and their parents aware of the risks and hazards associated with the following activities: **Swim Lessons**. Children/Minors may suffer injuries, possibly minor, serious, catastrophic, or fatal in nature. Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and instructions. **Mountain Wave Swimming** and its staff members will not accept responsibility for injuries sustained by any child/minor during the course of activities at **Mountain Wave Swimming** facilities. By signing this form, I acknowledge these risks of injury, and I agree that **Mountain Wave Swimming**, its staff, owners, and representatives will not be responsible for any such injuries.

Release and Waiver of Liability

With the above in mind and being fully aware of the risks and possibility of injury involved, I consent to have my minor/child participate in the programs offered by **Mountain Wave Swimming**. I, my executors, or other representatives, waive and release all rights and claims for injuries or damages of any kind that I or my minor/child may have against **Mountain Wave Swimming** and/or its staff, owners or representatives arising out of participation in activities at **Mountain Wave Swimming**.

Posting of Pictures/Videos of Minors

In order to protect the privacy of youth, permission must also be obtained, in writing, from the parent or guardian before sharing/posting pictures or videos of minors. (Please check which one applies)

I give permission for my child's picture, with name, to be posted on a website or social network page associated with Mountain Wave Swimming.

I give permission for my child's picture, without name, to be posted on a website or social media network page associated with Mountain Wave Swimming.

I do not give permission for my child's picture to be posted on a website or social media network page.

Medical Emergencies - Permission to Treat

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for both my child's protection and my own protection. I fully understand that Mountain Wave Swimming's staff, owners and representatives are not physicians or medical practitioners of any kind. With the above in mind, I hereby grant consent and permission to Mountain Wave Swimming's staff, owners and representatives to render temporary first aid to my minor/child in the event of any injury or illness, and if deemed necessary by Mountain Wave Swimming staff to call our doctor and to seek medical help, including transportation by a Mountain Wave Swimming staff member and/or its representatives, to any health care facility or hospital, or the calling of an ambulance for said child should the Mountain Wave Swimming staff deem this to be necessary.

By signing below, I acknowledge I have read the above and agree to all of these terms.

Parent/Guardian Signature

Date
