

WAM Swim Club Swimmer Waiver

Must be completed prior to participation

I, the Undersigned, certify that I am the Parent/Guardian of the below named Participant, and that he/she has permission to participate in this activity. I agree to assume full responsibility for any injuries incurred by him/her in connection with this activity. Should a medical emergency arise, the Parent/Guardian will be notified immediately. If the undersigned is not available for consultation, permission is granted for the WAM, Inc Staff to obtain treatment as deemed necessary.

Furthermore, the Undersigned understands that all damages caused by the above named minor shall be paid by the Minor or the Undersigned, to the owner(s) of the damaged item(s).

Undersigned also realizes that he/she will be contacted immediately if the minor fails to comply with acceptable rules of conduct.

The Undersigned, in consideration of participation of this activity, agrees to indemnify and hold WAM Swim Club harmless and release its officers, employees, and agents from any and all liability for any injury arising out of or in any way connected with participation in this activity.

We have read and understand the policy and conditions of this activity and signify our agreement and approval with our signature.

Parent's Name _____

Parent's Signature _____

Address _____ Date _____

Day Phone _____ Other Phone _____

Emergency Contact and Phone _____

Email Address _____

Participant's Name _____