

## **PQAC WAIVER FORM**

### **PERMISSION FOR TREATMENT**

I give permission to P.Q.A.C. personnel to obtain emergency medical or dental care for the swimmer, in the event of an injury. I understand that reasonable attempts will be made to contact me before securing medical treatment. I specifically consent to such treatment including, but not limited to hospitalization and surgery and will be responsible for any medical or other charges in connection with my child's participation in P.Q.A.C. A photocopy of this permission for treatment shall have the same force and effect as the original and may be used and relied upon for all purposes.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### **PARENTAL CONSENT**

I give my permission for the swimmer to participate in all activities and release any photos in which all will be used for the website conducted by P.Q.A.C. I will pick up my child promptly at the end of each scheduled practice. I understand that P.Q.A.C. staff is not responsible for my child before and after each scheduled practice time. This includes but is not limited to all drop offs and pick up times.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### **ASSUMPTION OF RISK**

I am aware that participating in water sports can be a dangerous activity involving many risk of injury. I understand that the risks include, but are not limited to, serious neck or spinal cord injuries, that may result in complete or partial paralysis, brain damage, serious internal injury to virtually any internal organs, bones, joints, muscles, tendons, or any other aspect of the skeleton system, and serious injury or impairment to other aspects of the body, general health and well being. I understand that the risks of participation may result not only in serious injury, but in impairment of my child's future to earn a living to engage in other business, social, recreational activities, and generally to enjoy a good life.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### **HOLD HARMLESS/INDEMNITY AGREEMENT**

I do hereby waive, release, absolve, indemnify, and agree to hold harmless P.Q.A.C. organizers, sponsors, lessors, coaches, and other elected or appointed officers and supervisors, participants, employees, and persons transporting my child to and from any activities, from and against any claims, costs liabilities, expenses of judgment including attorney's fees and court costs arising out of my child's participation in any activities associated with P.Q.A.C., or illnesses or injuries resulting therefrom, or may claim arising out of an injury to my child, whether the result of negligence or any other cause, except for illnesses or injuries resulting from gross negligence or willful misconduct by any of the above.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### **RESPONSIBILITY**

I understand that PQAC is not responsible for the loss or damage of any swimmer's personal property including but not limited to swim suits, parkas, goggles, fins, and paddles.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**This waiver is good for one year from the date of signature**