



## NWGA Nitros Two-Week Trial Agreement

### Swimmer Information

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender (circle) Male / Female Age \_\_\_\_\_

### Parent / Guardian

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

### Consent for Participation

I hereby give consent for my child(ren) to participate in Northwest Georgia Aquatics (NWGA). In consideration of being permitted to participate as a member of NWGA, I hereby release, discharge and agree to hold harmless NWGA and its coaches, members of the Board of Directors, its volunteers, its agents and its employees, together with its successors and assigns, from any and all liability for injuries to property or person suffered as a result of participation as a member of NWGA. I give the club authorization to apply for the United States Swimming and/or United States Masters Swimming memberships for my child(ren).

I agree that it is the swimmers', their parents/guardians, or designated representatives responsibility to provide transportation to, from and during any program of NWGA and that any transportation provided by representatives of NWGA is not being provided on behalf of NWGA and is strictly voluntary on the part of the person providing that transportation.

### Photo Release (Permission to Use Photograph)

I grant to Northwest Georgia Aquatics, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize Northwest Georgia Aquatics, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Northwest Georgia Aquatics may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

### Medical Release

I certify that, to the best of my knowledge and belief, the above listed swimmer is in good physical condition and has no condition which would impair participation in the program. In case of injury, I hereby give the NWGA Club and its coaching staff permission to act on my behalf in seeking medical treatment from any licensed physician, hospital or clinic for my child in the event that such treatment is deemed necessary. I give permission to those administering medical treatment to do so using methods deemed necessary. I absolve NWGA, its coaching staff and officers from liability while acting on my behalf in this regard:

Additional comments regarding medical history, allergies, penicillin or drug reactions, etc. which may be needed in rendering medical treatment:

\_\_\_\_\_

\_\_\_\_\_

### Signature

I have read, understand and agree to the above: Consent for Participation, Photo Release, and Medical Release.

I understand that after the two-week trial period, the online registration must be completed and the registration fee paid prior to my swimmer officially joining the program and participating in any of the regular practices.

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Authorized Signature, Parent/Guardian or Athlete (If 18 or older) Printed Name Date