

By registering my child(ren) with the **Spokane Waves Aquatic Team**, I agree to participate (or allow my child(ren) and family members to participate) in the **Spokane Waves Aquatic Team**, and hereby release **Spokane Waves Aquatic Team**, its directors, officers, agents, coaches, and employees from liability for any injury that might occur to myself (or to my child(ren) and family members) while participating in the **Spokane Waves Aquatic Team** program, including travel to and from training sessions, swim meets or other scheduled team activities.

I agree to indemnify and hold harmless the above mentioned organizations and/or individuals, their agents and/or employees, against any and all liability for personal injury, including injuries resulting in death to me, my child(ren) and/or other family members, or damage to my property, the property to my child(ren) and/or other family members, or both, while I (or my child(ren) or family members) participating in the **Spokane Waves Aquatic Team** program.

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**INFORMED CONSENT FOR PARTICIPATION  
AQUATIC PROGRAMS AT WHITWORTH UNIVERSITY**

**PURPOSE AND EXPLANATION OF PROCEDURE**

I hereby consent to voluntarily engage in Aquatic programs and or Swim Meets at Whitworth University.

I have been informed that during my participation in the above described Aquatic program, I will be asked to stop if any symptoms such as fatigue, shortness of breath, chest discomfort or similar occurrences appear. At this point, I have been advised that it is my complete right to decrease or stop exercise and that it is my obligation to inform the Instructor/Program/Coach personnel of my symptoms, should they develop.

It is my understanding and I have been informed that there exists the remote possibility that during exercise and or competition of adverse changes including, but not limited to, abnormal blood pressure, fainting, dizziness, disorders of heart rhythm, and in very rare instances heart attack, stroke, or even death. I further understand and I have been informed that there exists the risk of bodily injury including, but not limited to injurers to the muscles, ligaments, tendons, and joints of the body. Every effort will be made to minimize these occurrences by proper staff assessment of my condition before each session, staff supervision during exercise and by my own careful control of exercise efforts. I fully understand the risks associated with exercise, including the risk of bodily injury, heat attack, stroke or even death, but knowing these risks, it is my desire to participate as herein indicated.

I have been given an opportunity to ask questions as to the procedures.

I agree to the Procedures of the Established (EAP) Emergency Action Plan of Whitworth University. I also agree to abide by the procedures of the Whitworth University M.E.T. Aquatics COVID-19 Safety Plan. I will not hold Whitworth University liable for any injuries sustained during exercise at the Whitworth Aquatic Center that were not due to university staff or facility negligence.

I have read this Informed Consent form, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily, with inducement.

**Signatures**

During the registration process, you provide electronic acknowledgement of your understanding of the policy. However, we ask that you also please print and sign this document for each swimmer and have your swimmer turn in the form to your swimmer(s) coach.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Swimmer Signature

\_\_\_\_\_  
Date