

SCOUT AQUATICS SWIMMER
TRYOUT AUTHORIZATION FORM AND WAIVER

2021-22 Season

SWIMMER NAME:

Last: _____ **First:** _____ **AGE** _____

HOME PHONE: _____

EMAIL ADDRESS: _____

PARENT/GUARDIAN NAME(S):

EMERGENCY AUTHORIZATION: I, the undersigned parent or legal guardian of the above swimmer, a minor, hereby authorize the coaches, team parents, the above-identified family Contact and/or other Scout Aquatics officials, agents, representatives and employees to act as my agents in the capacity of activity supervisors and vehicle drivers, and to consent to medical, surgical or dental examination and/or treatment.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I, the undersigned parent or legal guardian of the above swimmer, a minor, for myself and on behalf of the above swimmer, our heirs, assigns and next of kin (the "Covered Parties"), acknowledge that there are certain risks of physical injury in connection with participation in Scout Aquatics, and the Covered Parties agree to assume the full risk of any injuries, including death, damages or loss that the above swimmer may sustain as a result of participation in any and all activities connected with or associated with Scout Aquatics. The Covered Parties do hereby agree to waive and relinquish all claims and causes of actions that we may have against Scout Aquatics and Scout Aquatics Booster Association ("SABA") and their directors, officers, agents, representatives and employees as a result of participating in Scout Aquatics. The Covered Parties do hereby fully release and discharge Scout Aquatics and SABA and their directors, officers, agents, representatives and employees from any and all claims from injuries, including death, damage or loss that the Covered Parties may have or which may accrue on account of participation in Scout Aquatics.

The Covered Parties further agree to indemnify and hold harmless and defend Scout Aquatics and SABA and their directors, officers, agents, representatives and employees from any and all claims resulting from injuries, including death, damages and losses sustained by the above swimmer and arising out of, in connection with, or in any way associated with the activities of Scout Aquatics.

Covid-19 Safety

We have taken enhanced health and safety measures- for your team and guests. You must follow all posted instructions of this facility under guidelines from the Illinois Department of Health while attending this event. Please wear a face covering when entering and leaving the facility. An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death.

According to the Centers for Disease Control and Prevention, senior citizens and guests with underlying medical conditions are especially vulnerable. By participating and attending this event, you voluntarily assume all risks related in exposure to COVID-19.

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USA Swimming, Inc., cannot prevent you (or your child(ren)) from becoming exposed to, contracting, or spreading COVID-19 while participating in USA Swimming sanctioned events. It is not possible to prevent against the presence of the disease. Therefore, if you choose to participate in a USA Swimming sanctioned event, you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION DISCLAIMER, ASSUMPTION OF RISK, WAIVER, AND INDEMNIFICATION PROVISIONS AND FULLY UNDERSTAND THE TERMS OF EACH. I UNDERSTAND THAT I, THE ABOVE SWIMMER AND THE OTHER COVERED PARTIES HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT FOR MYSELF AND ON BEHALF OF THE ABOVE SWIMMER AND THE OTHER COVERED PARTIES. I UNDERSTAND THAT MY SIGNATURE IS REQUIRED BELOW IN ORDER FOR MY CHILD TO PARTICIPATE IN SCOUT AQUATICS.

Parent Signature: _____ Date _____

