



NDAC MEDICAL WAIVER

I certify that I am the parent or legal guardian for my child(ren). I hereby give my permission for any supervisor, coach or other team administrator associated with the Northern Dutchess Aquatic Club to seek and give appropriate medical attention for our child(ren) in the event of accident, injury, illness. I will be responsible for any and all costs associated with any necessary medical attention and/or treatment.

I hereby waive, release and forever discharge Northern Dutchess Aquatic Club and associated supervisor, coach or other team administrator from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during participation in Northern Dutchess Aquatic Club activities, whether or not damages or loss is due to negligence. I hereby acknowledge that my children is (are) physically fit and capable of participation in all Swim Team activities.

Swimmer's Name _____

Parent/Legal Guardian Name _____

Parent/Legal Guardian Signature _____ Date _____