

## Sonner Aquatic Facility Waiver of Liability for Facility Use

### Participant Details

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Parent/Guardian Details

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please read this form carefully and be aware that in signing up and participating in program(s) at the Sonner Aquatic Facility you will be waiving and releasing all claims for injuries you or the participants might sustain arising out of these programs.**

### *Waiver of Liability*

As a participant or guardian of a participant in this, or any future programs, I/we recognize and acknowledge that there are certain risks of physical injury and agree to assume the full risk of any injuries, including death, damages or losses which the participant(s) may sustain as a result of participating in any and all activities connected with or associated with such programs.

\_\_\_\_\_ I've read the above and agree.

### *Medical Authorization*

I/we authorize any representative of Raleigh Swimming Association, (RSA), to have the participant treated in any medical emergency during their participation in the program. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

\_\_\_\_\_ I've read the above and agree.

### *Pictures and Videos*

On occasion, RSA will have photographers and/or videographers come to photograph/video our students in swim classes or sponsored events. The photographs/videos may be used in advertising, on our web site, in our scrapbooks, etc. Names of children will not be used.

\_\_\_\_\_ I've read the above and agree.

*Closure Policy*

RSA reserves the right to close the pool at any time due to inclement weather and/or pool contaminations. Closures will be communicated via posts to the RSA website ([www.swimra.org](http://www.swimra.org)).

\_\_\_\_\_ I've read the above and agree.

*Signature Text*

In enrolling myself, my child(ren) or future family members in programs operated at the William H. Sonner Aquatic Facility (owned and operated by Raleigh Swimming Association), I have read and understand the WAIVER OF LIABILITY, MEDICAL AUTHORIZATION, PICTURES AND VIDEOS POLICY, CLOSURE POLICY, and I VOLUNTARILY affix my name in agreement.

\_\_\_\_\_ I've read the above and agree.

Signature \_\_\_\_\_ Date: \_\_\_\_\_