**GOOD HEALTH CERTIFICATION**

I certify that I am the parent or legal guardian for my child(ren). I hereby attest that my child will not attend practice if he/she shows any signs of illness or any of the following but not limited to the following symptoms:

* A temperature of 100.4 or higher, and/or chills
* Cough
* Shortness of breath or difficulty breathing
* Fatigue
* Muscle or body aches
* Sore throat
* New loss of taste or smell
* Congestion or runny nose
* Nausea or vomiting
* Diarrhea
* Rash

By signing this Certification, I acknowledge that my child will be in good health every time he/she attends practice.

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Signature Date

**Medical Release Form 2022-2023**

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 **Prince William Swim 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 **Prince William Swim 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 **Prince William Swim Club** activities, whether or not damages or loss is due to negligence. I hereby acknowledge that my child(ren) is (are) physically fit and capable of participation in all Swim Team activities.

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

**Liability Release Form 2022-2023**

By registering my child(ren) with the Prince William Swim Club, I agree to participate (or allow my child(ren) and family members to participate) in the Prince William Swim Club, and hereby release Prince William Swim Club, 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 Prince William Swim Club 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 **Prince William Swim Club** program.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COVID-19 Release Form 2022-2023**

I certify that I am the parent or legal guardian for my child(ren). I hereby give permission for my child(ren) to participate in Prince William Swim Club (hereinafter referred to as PWSC) sanctioned activities; while participating in such activities at Dale City Recreation Center and/or Chinn Aquatics and Fitness Center and/or Prince William County Schools Aquatic Center (hereinafter referred to as Facilities), I am agreeable to the following:

I acknowledge that I am aware that there are risks to my family, including my child(ren) of exposure to directly or indirectly arising out of, contributed to, by, or resulting from:

* An outbreak of any and all communicable disease, including but not limited to, the virus “severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)”, which is responsible for Coronavirus Disease (COVID-19) and/or any mutations or variation thereof.

By signing this agreement, I acknowledge that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 and/or any mutations or variations may result from the actions, omissions, or ordinary negligence of myself and others, including, but not limited to PWSC directors, officers, agents, volunteers, coaches, employees and program’s participants and their families, as well as the pool management company's employees. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I, my family and my child(ren) may experience or incur in connection with my child(ren)’s attendance at the pool or participation in pool activities (“Claims”). On my behalf, and on behalf of my children, I hereby voluntarily agree to waive, discharge, and hold harmless the PWSC Board and their employees, agents, and representatives, the Facilities of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_