

## 2021 ADULT

## **CITY OF SAN RAMON**

## **AQUATIC WAIVER AND RELEASE OF LIABILITY**

Please	check one of the following:		
	Briarhill Swim Team		Nu Wave Aqua Exercise
XX	California Diving Academy		Rogue Water Polo
	Club Sport Marlins		San Ramon Aqua Bears
	Crow Canyon Sharks		San Ramon Aquacats
	Diablo Aquatics		San Ramon Valley Aquatics
	Dive N Trips		SRVA Masters
	ElitSwim		Other
Participant's Name			Phone
Addres	SS		
City			StateZip
Emerg	ency Phone Number ( )	Age	

I the undersigned, certify that I am in good physical condition and wish to participate in the program marked above.

I hereby acknowledge that I have voluntarily applied to participate in aquatic activities in conjunction with the above named team.

I am aware that serious accidents occasionally occur during aquatic activities; and that participants occasionally sustain serious personal injury or death and/or property damage, as a consequence thereof. I understand that included among the dangerous elements of aquatic activities are risks associated with weather, water conditions, including temperature, currents, waves and pollution, of injury as a result of being struck by another swimmer/diver or his/her equipment. Additionally, I understand that there is a risk of injury to muscles, tendons, ligaments, joints, ankles, knees, and legs while practicing and competing. I understand that the pool deck, bottom, sides, diving boards and starting blocks cannot be guaranteed to be smooth or free of defects, and that there is the risk of injury

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as a result of tripping or striking an unknown object. I understand that in addition to the abovementioned risks, there are unpredictable dangers involved in this sport. If, however, I observe any unusual and/or significant hazard I will bring such to the attention of the nearest official immediately and remove myself from participation if necessary.

In consideration of my participation in aquatic activities, I voluntarily release the team indicated above, the City of San Ramon and the Sponsors, or their officers, agents, employees and volunteers from any and all liability for injuries or death, or property damage resulting from or in any way connected with my participation in aquatic activities, that this waiver and release is applicable even though the negligent activities of team named above, the City of San Ramon, the Sponsors, or their officers, agents, employees or volunteers may have caused or contributed to the injury or death or property damage, and this document is binding on my heirs and dependents as well as myself. I freely and voluntarily expressly assume all the risks of participating in these aquatic activities.

I also certify that I am physically fit, have sufficiently trained for participation in this aquatic activity and have not been advised otherwise by a qualified medical person. I authorize you to call my family physician in case of emergency.

I understand that during practice and competition or related activities, I may be photographed. I agree to allow photo, video or film likeness of me to be used for any legitimate purpose by the program officials, producers, sponsors, organizers and or assigns.

Lastly, I agree to accept and abide by the rules and regulations of the team named above and the City of San Ramon.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

Signature	Date:
Family Doctor	Phone ()