

**2019 Petittcodiac Summer Swim Program**

Child's Name: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_

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

Birth Date: \_\_\_\_\_ Medicare #: \_\_\_\_\_

Does this participant have any health concerns that we should be aware of? Yes \_\_\_ No: \_\_\_

If yes, please explain: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Swimming Level Completed: \_\_\_\_\_

Is the child normally brought to the Pool by: \_\_\_ Petittcodiac Boys & Girls Club \_\_\_ Little Steps Child Care  
\_\_\_ Rising Stars Daycare \_\_\_ Other

**\*\*Any concerns please speak to Natalie Griffin 756-0289 OR email [Petittcodiac.rec@gmail.com](mailto:Petittcodiac.rec@gmail.com) \*\***

**ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY**

1. I am aware that there are inherent and significant risks ("Risks") associated with the participation in Athletic Activities. I am aware that those Risks include but are not limited to the potential for serious personal injury caused by any event or any condition of the facility or equipment where Athletic Activities are provided by the Village of Petittcodiac. I understand the Risks are relative to the Minor's state of fitness and health (physical, mental and emotional), and to the awareness, care and skill with which the Minor conducts him or herself while participating in Athletic Activities.

2. I freely accept and fully assume all responsibility for all Risks and possibilities of personal injury, death, property damage or loss resulting from the Minor's participation in Athletic Activities. I agree that although the Village of Petittcodiac has taken steps to reduce the Risks and increase safety of the Athletic Activities, it is not possible for the Village to make the Athletic Activities completely safe. I accept these Risks and agree to the terms of this waiver even if the Village is found to be negligent or in breach of any duty of care or any obligation to me or the Minor in the Minor's participation in Athletic Activities.

3. In addition to consideration given to the Village of Petittcodiac for the Minor's participation in Athletic Activities, I agree:

a. to release and forever discharge the Village of Petittcodiac from all liability for all personal injury, death, property damage, or loss resulting from the Minor's participation in the Fitness Activities due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error of judgment of the Organization; and

b. to be liable for and to hold harmless and indemnify the Village of Petittcodiac from all actions, proceedings, claims, damages, costs demands including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with the Minor's participation in Athletic Activities.

4. I acknowledge that my image may be replicated by photograph and I hereby release any proprietary rights that I may have in those images to the Village of Petittcodiac for the purposes of promoting our activities.

5. I confirm that I have had sufficient time to read and understand each term in this waiver in its entirety, and have agreed to the terms freely and voluntarily. I understand that this waiver is binding on myself as Parent/Guardian, the Minor and our Legal Representatives.

**Please sign below after reading and understanding the above statements and conditions.**

**Participant Name (print)** \_\_\_\_\_

**Parent/Guardian Name (print)** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Signed this** \_\_\_\_\_ **day of** \_\_\_\_\_, **2019**