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 Amersham Swimming and Diving Club to seek and give appropriate medical attention for my child(ren) in the event of an accident, injury, or illness.

I will be responsible for any and all cost associated with any necessary medical attention and or treatment.

I hereby waiver, release and forever discharge Amersham Swimming Diving Club from all rights and claims for damages, injuries, lost a personal property, which may be sustained or occurred during participation in Amersham, Swimming and Diving 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 activities.