

Dover Area Aquatic Club Community Waiver and Release

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Waiver and release

I, the undersigned, understand that there may be medical risks associated with physical exercise, including swimming. I also recognize that Dover Area Aquatic Club (DAAC) cannot evaluate my child's physical abilities and medical limitations as they pertain to participation in swim programs, including without limitation the physical fitness and exercise activities. I therefore assume all risk for such participation and responsibility for having my child thoroughly examined by a medical practitioner of my choice, before participating in any programs. I also assume all responsibility for abiding by the recommendations of said medical practitioner, including but not limited to limitations on exercise, participation in the swim program and use of DAAC facilities or equipment, if any.

Furthermore, in consideration of my participation in the activities of the swim program, I hereby, voluntarily, for myself and my child, my heirs, executors, administrators and assigns, waive and release any claims or charges against DAAC and their employees, agents, representatives, successors, assigns, directors, officers and affiliates, arising out of any damages, injuries, claims or losses that myself or my child may suffer during or after and in any way related to my or my child's participation in the swim program and program activities.

I recognize and acknowledge that there are certain risks of physical injury to participants in swim programs, and I agree to assume the full risk of any and all injuries, damages, or loss, regardless of severity, that my minor child or I may sustain as a result of said participation. I acknowledge that swimming, water play, and other recreational activities in close proximity to a swimming pool are inherently dangerous activities that involve the risk of serious injury, including permanent disability and death, and severe social and economic losses may result from the participants own actions or inaction, the action, inaction, or negligence of others, the failure to observe the rules for use of the facility, or the condition of the facility or of any of the equipment at the facility. Further, there may be other risks not known to the participant/parent/guardian or not reasonably foreseeable at this time. Participant/Parent/Guardian assume all of the foregoing risk and accept personal responsibility for any and all damages resulting from an injury, permanent disability, or death. It is recognized that it is impossible for Dover Area Aquatic Club (DAAC) to guarantee absolute safety.

Emergency medical care

I consent to emergency medical treatment for my child in the event such care is required, and I grant DAAC permission to authorize emergency medical treatment as it deems appropriate. Furthermore, I agree to use my/my child's personal medical insurance as a primary medical coverage payment if accident or injury occurs. I understand and agree that DAAC assumes no responsibility for any injury or damage that might arise out of or in connection with such authorized emergency medical treatment.

Your electronic signature indicates that the participant/parent/guardian has read and agree to the waiver and release and understand that substantial rights have been given up by signing it voluntarily without any inducement.