

Swimmers Registration and Waiver Form

Swimmers First Name	
Swimmers Last Name	
Swimmers DOB	
Swimmers Age as of 06-01-2021	
Male/Female	
Address	
Allergies/Asthma Medical Conditions	

Parent 1 Name	
Email	
Phone	
Parent 2 Name	
Email	
Phone	

Emergency Contact Name	
Phone	
Relation to swimmer	

Please make checks payable to Pine Bluff Aquatics Center



PARTICIPANT WAIVER

1. The undersigned participant (hereafter referred to as "The Participant") or legal guardian of The Participant understands and acknowledges that the activities of swimming, related water sports, and aerobics class activities (hereafter referred to as "The Activity") involve risks such as but not limited to risk of physical or psychological injury (including paralysis and death), illness, property damage or economic or emotional loss which might result from the activity itself, the acts of others or the unavailability of emergency care.
2. In consideration for The Participant being allowed to participate in The Activity and/or use of the Premises or Facility, on behalf of myself and my next of kin, heirs, and representatives, I release from all liability and promise not to sue the State of Arkansas, the City of Pine Bluff, and their employees, officers, directors, volunteers and agents (collectively "Released Parties") from any and all claims, including claims of the Released Parties negligence resulting in any physical or psychological injury (including paralysis and death), illness, property damage or economic or emotional loss The Participant may suffer because of participation in The Activity.
3. The undersigned acknowledges that The Participant has the skills, qualifications, and physical ability to properly participate in The Activity and The Participant is "water safe" and "water competent" (able to swim 50 meters and comfortably tread water). The undersigned agrees that if he or she has any questions as to what skills, qualifications and physical ability is necessary to properly participate in The Activity, then they shall direct such questions to management.
4. I agree to hold the Released Parties harmless from any and all claims, including attorney's fees or damage to personal property that may occur as a result of participation in The Activity, including travel to, from, and during The Activity. If The Participant needs medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that The Participant should carry their own health insurance.
5. I understand that any items left in the Pine Bluff Aquatic Center's property, overnight, **including lockers**, will be removed and discarded.
6. I understand that this document is written to be as broad and inclusive as legally permitted by the State of Arkansas. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.
7. The undersigned agrees to pay for any and all damages to any property of the Released Parties caused by The Participant whether negligently, willfully, or otherwise.
8. **EMERGENCY TREATMENT CONSENT:** The undersigned hereby gives consent to medical treatment of The Participant in the event of emergency.
9. **IMAGE RELEASE:** I give my consent for the Participant to be included in photographs, videos, slides, and movies taken at the Center by students, staff, TV, Radio and /or other news media. I understand that pictures become property of Pine Bluff Aquatics Center, and might appear in promotional materials, publications, and social media.

Due to the 2019-2020 outbreak of the Coronavirus (COVID-19), Pine Bluff Aquatic Center is taking extra precautions with the care of every patron.

Symptoms of COVID-19 include:

Fever
Fatigue
Dry Cough
Difficulty Breathing

10. I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above WITHIN THE LAST 14 DAYS.
11. I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 WITHIN THE PAST 30 DAYS.
12. I affirm that I, as well as all household members, have not been diagnosed with COVID-19 WITHIN THE PAST 30 DAYS
13. I understand that the Pine Bluff Aquatic Center cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each patron.

APPROVAL OF PARTICIPANT or APPROVAL OF LEGAL GUARDIAN OF PARTICIPANT IF PARTICIPANT IS UNDER 18 YEARS OF AGE:

I am The Participant or the legal guardian of The Participant named on this form. I have read and understand the agreement, and I realize the agreement involves surrendering valuable legal rights. Nonetheless, I agree to be bound by all of the terms of the agreement. I also give consent to the participation in water sports and related activities by The Participant.

SIGN HERE X _____