

NVSL Participation Waiver

The following waiver MUST be signed by all athletes' guardian(s) in order to participate in any swim practice or meet covered by NVSL insurance. Incorporate a version of this waiver into your registration process. Any or all waivers shall be available to be forwarded to the NVSL Board if requested.

NO WAIVER = NO PARTICIPATION = NO EXCEPTIONS

Swimmer(s): _____

As Parent/Guardian of the above-name minor(s), I grant permission for the swimmer(s) to participate in all activities of the Parliament Swim/Dive Team, a Northern Virginia Swimming League (NVSL) member team. I represent and warrant that my minor child/children participating on the Parliament Swim/Dive Team are in good health and have no physical condition, ailment or disability which renders them unable to participate in vigorous physical activity. For and in consideration of benefits derived from participation in the Parliament Swim/Dive Team program, I understand that the risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I assume all risks and hazards arising out of, or related to, such participation, including, but not limited to, transportation to and from such activities, and do hereby indemnify, release and hold harmless the Parliament Swim/Dive Team, its coaches, team representatives, volunteers, property manager, employees and agents, as well as the Northern Virginia Swimming League, from all claims of any kind whatsoever which may arise or hereafter accrue in connection with my child's/children's participation in activities of the Parliament Swim/Dive Team. I further grant permission for first aid to be given to my child/children in an emergency, and will be solely responsible for any medical costs which may arise. I AGREE THAT THEY WILL ABIDE BY THE NORTHERN VIRGINIA SWIMMING LEAGUE CODE OF CONDUCT.

Parent's Signature

Date

Parent's Signature

Date