Appleton West Swim Clinic Waiver

THIS IS A RELEASE OF LEGAL RIGHTS—READ AND UNDERSTAND BEFORE SIGNING

I hereby certify that I am the adult parent or guardian of a minor child under the age of eighteen years, and I consent to his/her participation in recreational activities at the Zepka Aquatic center (the “Pool”) located at the Appleton West High School and operated and maintained by the Appleton Area School District, acting by and through Appleton Area School District (“AASD”).

I understand and acknowledge that I am fully aware of and assume the risks (including but not limited to the risk of serious bodily injury, property loss or damage) of (1) said minor child’s participation in recreational activities at the Pool.

I recognize my responsibility to ensure that said minor child participates only in those activities for which he/she has the required skills, qualifications, training and physical conditioning. I understand that AASD shall have no responsibility to pay for medical treatment and related costs if said minor child is injured. I further understand and agree that AASD supplies the Facility “as is”, and that AASD disclaims all warranties, express or implied, including warranties of merchantability and fitness for a particular purpose.

Knowing the risks described above, I agree, personally and on behalf of the minor child, to assume all the risks and responsibilities surrounding my minor child’s use of the Pool. To the fullest extent allowed by law, I hold harmless and agree to indemnify AASD, its officers, directors, faculty, staff, volunteers, employees and agents, from and against any present or future claim, cause of action, loss or liability for injury to person or property, which said minor child may suffer or for which said minor child may be liable to any other person, related to said minor child’s participation in recreational activities at the Pool, resulting from any cause whatsoever, and regardless of fault.

I am at least eighteen years of age and have carefully read and freely signed this Liability Waiver and Release Form (Minor Child). I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of the State of Wisconsin (excluding its conflict of laws principles).

Minors Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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