CLUB TRIDENT AQUATICS MINOR WAIVER/RELEASE

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

READ BEFORE SIGNING

	KLA	D DEFORE SIGNING
IN CONSIDERATION OFAquatics Swim Club Program rela		, my child/ward, being allowed to participate in any way in <u>Club Trident</u> Name undersigned acknowledges, appreciates, and agrees that:
	nd death, and while particula	activities involved in these programs is significant, including the potential for ar rules, equipment, and personal discipline may reduce this risk, the risk of serious
•	IF ARISING FROM THE NI	ARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known EGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my
unusual significant con	ncern in my child/ward's read	s stated and customary terms and conditions for participation. If I observe any diness for participation and/or in the program itself, I will remove my child/ward he nearest official immediately; and,
RELEASE AND HOL officials, agents, emple lessors of premises use loss or damage to pers	LD HARMLESS <u>Club Triden</u> oyees, volunteers, other partied to conduct the event ("Relion or property incident to my	on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY at Aquatics Swim Club, Cy Fair ISD, Stone Creek HOA; its directors, officers, icipants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or y child/ward's involvement or participation in these programs, WHETHER ARISING ES OR OTHERWISE, to the fullest extent permitted by law;
HEREBY INDEMNIE liability claims, on the involvement or partici	FY AND HOLD HARMLESS account of illness, Covid-19 pation in or obtaining service	d on behalf of my/our heirs, assigns, personal representatives and next of kin, S all the above, and hereby acquit, waive, and release all Releasees from any and all O or personal injuries sustained or suffered by the undersigned arising from the es from Club Trident Aquatics, including any event, travel, practice related to these GLIGENCE, to the fullest extent permitted by law;
for consulting with a p guests who utilize the home who is ill, partic child/ward's readiness	physician before my child/war facilities do so at their own resipation will cease for a period of for participation, in their hear	s stated and customary terms and conditions for participation. I assume responsibility and's participation. I also acknowledge that my child/ward, family member, and any risk and discretion. In the event any become ill or been exposed to someone in the ad of fourteen days and, if I observe any unusual significant concern in my alth or the health of a member living in the child's home and/or in the program itself, I and bring such attention of the nearest official immediately.
	GIVEN UP SUBSTANTIA	SSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY
(PARENT/GUARDIAN SIGNATURE)	(PRINT NAME)	Date Signed:
UNDERSTANDING OF RISK I adhering to rules and regulation, a		of the risks involved in participating in this program, my personal responsibilities for ant.
(PARTICIPANT SIGNATURE)	(PRINT NAME)	(Date Signed)