

# Green Valley Gators Swim Team Liability Waiver



**Participant Name (s)** \_\_\_\_\_

**Age(s)** \_\_\_\_\_ **Phone Number** \_\_\_\_\_ **Email** \_\_\_\_\_

**I certify that I am volunteering to participate on the GVP swim team for the 2018 summer season.**

I further certify that I am in good health and have no physical or other impediment which would endanger me while participating in this activity. I will not be under the influence of drugs or alcohol, which would impair my ability. I acknowledge and agreed this activity has inherent risks. I have full knowledge of the nature and extent of all the risks associated with this activity. In consideration of my participation in this activity, I agree (on behalf of myself, my heirs, executors, administrators and assigns) to release, discharge, waive and relinquish Green Valley Park (or its officers, agents, damage, or wrongful death which may arise out of my participation.

**Participant Signature** \_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parental/Guardian Consent:** (to be completed and signed by parent/guardian for participants under 18 years of age). I certify that I am the parent or legal guardian of the above participant and that I am entitled to his or her custody and control and I do hereby give permission for the Child to participate in the above activity. I further certify that the Child is in good health and has no physical or other impediment which would endanger him or her while participating in this activity. I realize that by participating in this program, the Child will be exposed to a risk of injury or death. I understand the dangers incidental to participating in the program and the need for safety precautions, and I have discussed the dangers of the program and the need for safety precautions with the Child. I hereby execute the above Agreement Waiver, and Release on his/her behalf.

**Parent/Guardian Signature** \_\_\_\_\_

**Parent/Guardian Name Printed** \_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

# Green Valley Gators Swim Team Medical/Emergency Contact Form



This form must be completely filled out and returned to Green Valley Park prior to starting swim clinics or practice.

Swimmer Name (s): \_\_\_\_\_

Mother/Guardian#1: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father/Guardian#2: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If neither of the above is available in an emergency, please notify:

Emergency contact #1: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency contact#2: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Do you  
have family medical/hospital insurance? (check one) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Policy Holder's name: \_\_\_\_\_

Employer through which insurance is obtained: \_\_\_\_\_

Carrier: \_\_\_\_\_ Policy or Group #: \_\_\_\_\_

Green Valley Park - Swim Team  
P.O. Box 10284  
Greensboro, NC 27404