Medical And Liability Waiver

I certify that I am the parent or legal guardian for my child(ren). I hereby give my permission for any supervisor, coach or other team administrator associated with the Hurricane Aquatics to seek and give appropriate medical attention for our child(ren) in the event of an accident, injury, illness. I will be responsible for any and all costs associated with any necessary medical attention and/or treatment.

I hereby acknowledge that my children is (are) physically fit and capable of participating in all swimming activities.

I, the swimmer listed below, or the parent / legal guardian of all swimmer(s) registered hereby give my permission for him/her/them/myself to participate in the Hurricane Aquatics swim programs. For and in consideration of the Hurricane Aquatics swim programs, I agree on behalf of myself and my family members to release and forever discharge the University of Miami, Hurricane Aquatics, its coaches, staff members, and affiliates from any and all liabilities, demands of claims for loss resulting from any injury or damage which may be sustained on account of his/her/their/my participation in the Hurricane Aquatics programs, practice sessions, and traveling to this program or to competitions. I understand that participants are only permitted in the pool during scheduled lessons with the instructor and that Hurricane Aquatics is NOT responsible for my child(ren) outside of scheduled times.