REQUIRED for ALL Participants

Covid-19 Liability Waiver

I, the undersigned participant and parent, request voluntary participation for a minor to participate in all events, which are hereinafter referred to as the "activities." sponsored by SWAT, USA Swimming and its local swimming committees. This agreement is valid while the participant is a member of USA Swimming.

I consent to my/minor's participation in the activities and acknowledge that the minor and I fully understand my/minor's participation may involve risk of serious injury or death, including losses which may result not only from my/minor's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before any activities begin.

I acknowledge the contagious nature of COVID-19 and that the public health authorities still recommend practicing social distancing. I understand that Spokane Waves Aquatic Team cannot guarantee that I will not become infected with COVID-19 while attending the Summer Solstice meet at Witter Pool and I will not hold them liable if I do.

I attest that:

- I have not been diagnosed with COVID-19 in the last 14 days.
- I have not had contact with a person that has or is suspected to have COVID-19 within the last 14 days.
- I have not had symptoms (i.e. cough, shortness of breath/difficulty breathing, fever, chills, muscle pain, sore throat, new loss of taste/smell, vomiting, diarrhea) of COVID-19 (within the last 10 days).
- I will follow all posted regulations included but not limited to:
    1. Social Distancing Protocol of maintaining 6 feet between persons
    2. Wearing a facemask when not in the water.

I hereby release and agree to Spokane Waves Aquatic Team and Spokane Parks and Recreation harmless from and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses, and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the aquatic center, or that any otherwise arise in any way in connection with any services received from Spokane Waves Aquatic Team. I understand that this release discharges Spokane Waves Aquatic Team from any liability or claim that my heirs, any person representatives, or I may have against Spokane Waves Aquatic Team with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Spokane Waves Aquatic Team.
By signing below, I agree to each of the statements above and release Spokane Waves Aquatic Team from any and all liability for unintentional exposure or harm due to COVID-19.

Athlete Signature:_____ TEAM:_____

Parental Signature:_____ Date:_____
(if under 18 years old)