



Swim Test _____
Infraction 1 Date _____
Infraction 2 Date _____

12+ Permission Slip

Swimmer's Name _____ Age _____

Parent's Name _____ Phone Number _____

Dr. Name _____ Phone Number _____

WAIVER:

I agree to assume all liability for my child and myself without regard to fault while at The Green Valley Pool. I further agree to hold harmless The Green Valley Pool, its Board Members, and its employees for any complications or injuries that may result to my child or myself while at The Green Valley Pool. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my family, including child(ren), and I may be exposed to or infected by COVID-19 while on site at the pool and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the pool may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the Green Valley Pool Board, pool employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I, my family and my child(ren) may experience or incur in connection with my child(ren)'s attendance at the pool or participation in pool activities ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Green Valley Pool Board, pool employees, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Green Valley Pool Board, and pool employees, whether a COVID-19 infection occurs before, during, or after participation in pool facility activities.

I, ON BEHALF OF MYSELF AND THE CHILD, HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND SIGN IT ON BEHALF OF THE CHILD AND OF MY OWN FREE WILL.

By signing, I acknowledge that if my child is not following the pool rules they will be asked to leave the pool. If they are asked to leave the pool on two separate occasions they will be unable to come to the pool without an adult.

Signature of Parent or Guardian: _____ Date: _____