



**CENTRAL UNIFIED AQUATICS COMPLEX**  
**Daily Use Form**

**RELEASE, DISCHARGE OF LIABILITY  
AND ASSUMPTION OF RISK**

**Name of Participant(s) (adult or minor child):** \_\_\_\_\_

**Participant's Date of Birth:** \_\_\_\_\_

**Parent or Legal Guardian of minor:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_ **Emergency Telephone:** \_\_\_\_\_

**Name of Activity ("the activity"):** Recreational Swimming and Use of Water Slides at Central USD Aquatics Complex.

I, the undersigned, certify that I am the participant named above, or parent or legal guardian of the above-named child participant. I enroll myself or my child in the activity of my own volition and give myself/him/her permission to participate.

I am/my child is, physically fit to participate in the activity and have not/has not been diagnosed with any illness or medical condition that would impair my/his/her ability to participate in the activity. No physician has recommended against my/my child's participation.

I am aware that the activity poses a risk of injury to me/ my child, and that occasionally accidents occur during activities of this kind. Knowing these risks, on behalf of myself and my child, I freely and voluntarily agree to assume all of the risks associated with participation in the activity.

In consideration of my/my child being permitted to enroll and participate in the activity , I agree (on my/my and my child 's behalf , and on behalf of my/my and my child 's successors , representatives , executors , heirs and assigns) to release and discharge Central Unified School District , and its officers, agents, and employees ("Central Unified"), from any liability , causes of action, claims or damages for personal injury, property damage and wrongful death arising from or attributable to my/my child 's participation in the activity , whether or not such liability arises from Central Unified's negligence in organizing, planning, supervising, and implementing the activity.

I understand that by signing this instrument, I/my child and I (and my/our legal representatives, heirs, assigns or any other successors in interest) are barred from presenting any claim or instituting any civil action or presenting any claim for personal injury, property damage or wrongful death against Central Unified who, through negligence or otherwise, might otherwise be liable to me/me, my minor child, my/my minor child's heirs, or other successors in interest for damages.

In the event of a medical emergency, I authorize medical personnel attending to me/my child to make decisions regarding immediate medical treatment as may be necessary until such time as I can be consulted. It is understood that an effort will be made to notify me or the emergency contact listed above. If above such action is taken and it is impossible to consult me or the emergency contact, the uninsured responsibility and expense of this service will be accepted by me.

**I HAVE READ THIS RELEASE CAREFULLY AND FULLY UNDERSTAND IT. I UNDERSTAND THE RISKS INVOLVED IN THE ACTIVITY. I UNDERSTAND THAT BY SIGNING THIS RELEASE, I GIVE UP THE RIGHT TO SUE CENTRAL UNIFIED. I SIGN THIS RELEASE FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.**

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|---------------------------------------------------------------------------|--|
| <b>Adult Participant's/Minor Participant's Parent/Guardian Signature:</b> |  |
| <b>Date:</b>                                                              |  |