Monroe Aquatics & Fitness Center

Swim Team Waiver

Please take a moment to **READ THIS FORM AND SIGN BELOW**

WAIVER & RELEASE OF LIABILITY & ASSUMPTION OF RISK

In consideration of my participation in one or more programs or use of the facilities and equipment of the Monroe Aquatics and Fitness Center for any purpose, I the undersigned do hereby acknowledge, covenant, and agree for myself, my family, heirs, and assigns as follows:

1. **To the maximum extent allowed by law, I Waive, Release, and Discharge the Monroe Aquatics and Fitness Center, City of Monroe, its agents, and assigns from any and all claims, losses, or causes of action including but not limited to personal injury or property damages, whether caused by the negligence of the releases, arising out of my participation in any program or use of the facilities or equipment of the City of Monroe.**
2. **I acknowledge I am fully aware that there are inherent risks associated with the use of the facilities, equipment, and participation in the programs of the Monroe Aquatics and Fitness Center including but not limited to equipment hazards and injury from strenuous physical exercise. I acknowledge I was advised to obtain an examination by a physician prior to engaging in physical exercise. To the maximum extent allowed by law, I ASSUME ALL RISKS for any and all injury or property damage, including those arising from the negligence of the releases, while on the premises, using equipment, or participating in any program of the Monroe Aquatics and Fitness Center**
3. **I have read this WAIVER AND RELEASE OF LIABILITY fully and understand its contents to be a Waiver and Release of Liability and Assumption of Risk. I sign this voluntarily and no inducements other than the foregoing written statement have been made. That I am 18 years of age or older and under no legal constraint or impediments.**

Rules and regulations have been adopted for the safe enjoyment of this facility by all participants. I agree to adhere to those regulations. The Monroe Aquatics & Fitness Center reserves the right to take necessary disciplinary action including membership revocation if these rules are not followed. I further understand that current membership dues will not be refundable.

I hereby give permission for Monroe Aquatics & Fitness Center staff to secure medical treatment for myself or my family in the event of an emergency. I also authorize the physician or medical personnel selected to provide treatment deemed necessary by them.

The Monroe Aquatics & Fitness Center may use participation photographs or videos taken of myself or my family for marketing and advertising purposes.

DATE:_____ **SCHOOL:**_____

PLEASE PRINT LEGIBLY

PARTICIPANTS NAME (PRINT CLEARLY)	PARTICIPANTS SIGNATURE	PARENT/GUARDIAN NAME (PRINT CLEARLY)	PARENT/GUARDIAN SIGNATURE