

## WCSC Party Parent Consent Form



Child's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Like with all swimming pools, swimming carries inherent risks and hazards. I understand that it is the parent's responsibility to warn children about the dangers of swimming and to encourage them to follow all safety rules and instructions. Waugh Chapel Swim Club, Anchor Aquatics, the WCSC Board of Directors, Staff, and members will not accept responsibility for injuries sustained by any guest during the course of a party or visit. With this in mind, and being fully aware of the risks and possibility of injury involved, I, the undersigned, consent to have my child or children participate in any activities at Waugh Chapel Swim Club including, but not limited to, swimming, playing on the tennis courts, basketball courts, volleyball court, and playground. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Waugh Chapel Swim Club and/or its representatives whether paid or volunteer.

Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_

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