Rodale Aquatic Center

Athlete/Student Waiver

☐ **Faculty/ Staff/ Emeritus** ☐ **CCC Student** ☐ **Guest/Special Programs**

Participant's Name: _____ DOB:_____

Participant a Cedar Crest College Community Member? No Trustee Faculty Staff Student Alumni

Parent or Guardian's Name: _____

Address: _____
Street Town Zip

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact: _____
Name Phone

WAIVER & AGREEMENT TO PARTICIPATE AT THE RODALE AQUATIC CENTER

Parent or legal guardian must sign for children under the age of 18 years.

I, _____ understand there are inherent risks associated with
(Participant or Parent/ Guardian if under the age of 18 years)

activities around a swimming pool and, more specifically, with activities associated with the program offering of the Rodale Aquatic Center, and that prior to beginning any program involving physical exertion, the participant(I/ my child) should obtain medical clearance from a physician. I understand that medical emergencies and complications can occur as a result of strenuous physical activity or can arise from preexisting conditions during participation in such an activity.

I knowingly and voluntarily waive any and all rights and causes of action, suits, damages and claims which I have against Cedar Crest College and its instructors and employees thereof, in connection with or from participation in such an above-described activity.

I give permission to Cedar Crest College to use my photo in publications that promote the college. I understand that I will not be financially compensated if those photos appear in College-related materials.

I have received and read a copy of the Safety Rules & Helpful Tips.

Does the student/ child/ patron/ guest(s) have any medical, physical or psychological limitations or conditions which could potentially affect swimming or a learning/ emergency situation?

☐ YES ☐ NO *If yes, please describe*:

_____

_____

Is the participant afraid of the water or deep water? ☐ YES ☐ NO

Participant Name (*please print*)**:** _____

Participant Signature or Parent/Guardian Signature: _____ **Date:** _____