Wilson Aquatic Program Waiver

The Wilson School District permits the use of their facility to the participant listed below. In consideration of Wilson allowing the use of their facilities, you agree to release Wilson School District and any other involved parties from any claims or responsibility for any injuries suffered during community programs. You knowingly assume all risks associated with participation, even if arising from negligence of participants or others and assume FULL responsibility for participation, supervising or watching any activity throughout 2016-17.

Participant Information

Participant Name: _____

Address: _____

Phone: _____ E-Mail: _____

Please circle the program or programs your child will be participating in this school year:

Youth Water Polo **Middle School Water Polo** **Age Group Swimming & Diving**

Learn-To-Swim **Open Swim** **Pool Party**

Lifeguarding Course

Signature of Family Adult Member: _____ Date: _____

Printed Adult Member Name: _____