

Swimming Competition Parental Consent Waiver

Participant Name

Date of Birth

Event Name

Parent/Guardian Name

Contact Email

Contact Phone Number

I, the undersigned parent/guardian, grant permission for my child to participate in the above swimming competition. I acknowledge that participation in swimming involves inherent risks including but not limited to injury, illness, or drowning.

I release and hold harmless the organizers, sponsors, and facility owners from any and all liability, claims, or causes of action that may arise from participation in this event. I certify that my child is physically fit to participate and that all medical conditions or requirements have been disclosed.

I agree to abide by all event rules and instructions and authorize emergency medical treatment if necessary.

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I have read and agree to the terms above.

Parent/Guardian Signature

Date