2026 ADULT

City of San Ramon AQUATICS

CITY OF SAN RAMON

AQUATIC WAIVER AND RELEASE OF LIABILITY

Please check one of the following:

- ☐ California Diving Academy
- ☐ Dive N Trips
- ☐ ElitSwim – Pre-Competitive
- ☐ ElitSwim Club
- ☐ Nu Wave Aqua Aerobics
- ☐ San Ramon Aqua Bears
- ☐ San Ramon Aquacats
- ☐ San Ramon Valley Aquatics
- ☐ SRVA Masters
- ☐ Other_____

Participant's Name_____ **Phone**_____

Address_____

City _____ **State**_____ **Zip**_____

Emergency Phone Number (_____) _____ **Age** _____

I, the undersigned, certify that I am in good physical condition and wish to participate in the program marked above.

I hereby acknowledge that I have voluntarily applied to participate in aquatic activities in conjunction with the above named team.

I am aware that serious accidents occasionally occur during aquatic activities; and that participants occasionally sustain serious personal injury or death and/or property damage, as a consequence thereof. I understand that included among the dangerous elements of aquatic activities are risks associated with weather, water conditions, including temperature, currents, waves and pollution, of injury as a result of being struck by another swimmer/diver or his/her equipment. Additionally, I understand that there is a risk of injury to muscles, tendons, ligaments, joints, ankles, knees, and legs while practicing and competing. I understand that the pool deck, bottom, sides, diving boards and starting blocks cannot be guaranteed to be smooth or free of defects, and that there is the risk of injury as a result of tripping or striking an unknown object. I understand that in addition to the above-mentioned risks, there are unpredictable dangers involved in this sport. If, however, I observe any unusual and/or significant hazard I will bring such to the attention of the nearest official immediately and remove myself from participation if necessary.

In consideration of my participation in aquatic activities, I voluntarily release the team indicated above, the City of San Ramon and the Sponsors, or their officers, agents, employees and volunteers from any and all liability for injuries or death, or property damage resulting from or in any way connected with my participation in aquatic activities, that this waiver and release is applicable even though the negligent activities of team named above, the City of San Ramon, the Sponsors, or their officers, agents, employees or volunteers may have caused or contributed to the injury or death or property damage, and this document is binding on my heirs and dependents as well as myself. I freely and voluntarily expressly assume all the risks of participating in these aquatic activities.

I also certify that I am physically fit, have sufficiently trained for participation in this aquatic activity and have not been advised otherwise by a qualified medical person. I authorize you to call my family physician in case of emergency.

I understand that during practice and competition or related activities, I may be photographed. I agree to allow photo, video or film likeness of me to be used for any legitimate purpose by the program officials, producers, sponsors, organizers and or assigns.

Lastly, I agree to accept and abide by the rules and regulations of the team named above and the City of San Ramon.

COVID-19

Participant waives and releases the City from any and all claims, causes of action, allegations, or assertions that may arise relating to infection of any person by COVID-19 that occurs, or is alleged to occur, during the Activity. Participant also agrees to defend, indemnify, and hold City harmless from any and all claims, causes of action, allegations, or assertions made against City or City's employees arising from or relating to actual or alleged COVID-19 infection occurring during the Activity, except where caused by the sole negligence or willful misconduct of the City.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

Signature _____ **Date**: _____

Family Doctor _____ **Phone** (___) _____