

Ashland Water Polo Liability Waiver

As the parent and/or guardian of _____, a minor, participating in the Ashland Water Polo Program, I acknowledge and understand that he/she will be engaging in activities that can involve risk of serious injury, including permanent disability and death. This certifies that I, as parent/guardian with legal responsibility for this participant, consent and agree to release all Ashland Water Polo coaches, officers and/or agents, and other participants (“Releasees”), and, for myself, heirs, assigns and next-of-kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child’s involvement or participation in this program as provided above.

Player name (please print) _____ Grade _____

Parent or Guardian Signature _____

Date _____