2024 SAAA Waiver Form

Swimmer's Nan	ne: (Last)	(First)		(Middle Initial)
DOB:		/24): M/	/F	(Middle Initial) Team:
Parent Phone: _		Parent Phor	ne:	
Emergency Cor	ntact Name:			Phone:
Please list all k	known medical conditi	ions or allergie	es on th	ne back of this form.
Arizona Aquatic or parents actin medical, surgica	Association (SAAA), you g in the capacity of sup al, and/or dental examin	ou do hereby a pervisors as Age nation, treatmen	uthorize ents for it, etc. I	r to participate in the Southern et the coaches, assistant coaches, your team or SAAA, to consent to n the case of an emergency, you nmer at any hospital or care facility.
Arizona Aquatic potentially dang not only from youthers, the conditions are also because the c	c Association (SAAA), you perous sport that may report own swimmer's actional ditions of equipment, factors to assume the risk in	ou are hereby a esult in serious i ons/inactions, b cilities, or other	acknowl njury, c ut from location	r to participate in the Southern ledging that swimming is a preven death. These may result action/inaction/negligence of the used for training or competition. It is swim team and give consent to
individual, herel Southern Arizor representatives same parties ha	by give our consent and na Aquatic Association of the from any claim arising armless from any claim	d agree to releas (SAAA) and its out of injury to arising out of in	se, inde Membe the nar juries o	t(s) or guardian(s) of said emnify, and hold harmless the er Teams, its coaches, officials, and med individual. We also hold these or conditions caused by or on religious or philosophical
or other team and forever rele each of their off claims including including but no damages, wheth	ctivities, you voluntarily ease and hold harmless icers, directors, agents, g for personal injuries, d at limited to claims of ne	assume all risk the Southern A , employees, or leath, disease o egligence and gi , foreseen, or ur	s assoc rizona other re r prope ve up a nforese	e, competition, meetings, training, ciated with exposure to Covid-19 Aquatic Association (SAAA), and epresentatives from any liability or erty losses, or any other loss, any claims you may have to seek en, in connection with exposure, the league.
:(Parent/	Guardian Signature)			(Date)