



# ASSUMPTION OF RISK WAIVER

## WHITTIER COLLEGE ATHLETICS

### I. PARENTAL CONSENT

I, The parent or legal guardian of (Child Name) \_\_\_\_\_, a participant in the Whittier College Waterpolo Club Practices, does hereby grant permission for his/her participation in any and all conditioning club activities.

\* Initials: \_\_\_\_\_

### II. RELEASE FROM LIABILITY – INJURY Related

I agree to assume all risks and hazards incidental to participation in the above-mentioned Waterpolo Club Practices. I do hereby waive, release, absolve, indemnify, and agree to hold harmless, Whittier College, administration, coaches, sponsors, volunteers, participants, and persons for any claim arising out of an injury to my child, whether the result of negligence or any other cause.

\* Initials: \_\_\_\_\_

### III. RELEASE FROM LIABILITY – Illness related

I agree to assume all risks regarding communicable illnesses incidental to participation in the above-mentioned club. I confirm that I will not come to campus if I am symptomatic or have been in close contact to anyone that is. I do hereby waive, release, absolve, indemnify, and agree to hold harmless, Whittier College, administration, coaches, sponsors, volunteers, participants, and persons for any claim arising out of exposure or illnesses.

\* Initials: \_\_\_\_\_

### IV. MEDICAL RELEASE

Because your child is involved in a Waterpolo Club Practice, there may be an occasion when an injury occurs that requires medical treatment and we are unable to contact you. This situation may occur before, during or after our conditioning camp while at our site.

\* Initials: \_\_\_\_\_

### V. PROOF OF PERSONAL HEALTH INSURANCE

I have submitted proof of personal health insurance as primary care responsible for any injury that occurs.

\* Initials: \_\_\_\_\_

**I HEREBY ACKNOWLEDGE BY MY SIGNATURE THAT I HAVE READ, UNDERSTOOD, ACCEPTED, AND AGREED TO THIS DOCUMENT.**

\_\_\_\_\_  
\*PRINT Parent of Legal Guardian Name

\_\_\_\_\_  
\*SIGNATURE Parent or Legal Guardian

\_\_\_\_\_  
\*Date

\_\_\_\_\_  
\*EMERGENCY Contact Name

\_\_\_\_\_  
\* PHONE NUMBER Emergency

\_\_\_\_\_  
\*Relationship