



**CENTRAL PENN  
FITNESS & AQUATICS**

450 Powers Ave  
Harrisburg PA, 17109  
Phone: 717 564-4171  
Fax: 717 561-4906

**SWIM TEAM PARENT / GUARDIAN  
WAIVER AND RELEASE FORM**

You agree that you are aware that the child named below will be engaging in physical exercise involving various sports, coordination events, and general fitness training which could cause injury to him or her.

You understand that the child is voluntarily participating in these activities and is assuming all risks of injury that may result from engaging in any exercises program or sport related event including tripping, slipping, or falling on or off the club premises.

You here agree to waive any claims or rights that you might otherwise have to sue the club, our employees, owners, officers, or agents for any injury that might occur. You understand that we will make no evaluation or recommendation as to whether or not the child is capable or deemed physically fit to engage in any activity. If the child has any physical or mental condition that may impair his or hers ability to engage in any of the club activities, it is your responsibility to obtain a physician's release statement. It is recommended you consult a physician prior to your child participation in any physical exercise program.

Name of Swim Team: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent / Guardian's Name: \_\_\_\_\_

Parent / Guardian's Signature: \_\_\_\_\_

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_