

WAIVER & CONSENT FORM TO
PARTICIPATE IN THE ADAPTIVE
WATER SKIING CLINIC

I, _____, DO HEREBY CONSENT TO PARTICIPATE IN THE ADAPTIVE WATER SKIING CLINIC AND UNDERSTAND THAT THERE ARE RISKS INVOLVED IN THIS PROGRAM. I HEREBY RELEASE, DISCHARGE, AND AGREE TO HOLD HARMLESS ALL PARTIES TO WHOM THIS CONSENT IS GIVEN FROM ANY LIABILITY WHATSOEVER AND AGREE THAT THIS CONSENT AND WAIVER WILL NOT BE MADE THE BASIS OF A FUTURE CLAIM OF ANY KIND AGAINST THE PARTIES INVOLVED. I UNDERSTAND THERE ARE INHERENT RISKS IN ACTIVITIES SUCH AS THE ADAPTIVE WATER SKIING CLINIC.

I ACKNOWLEDGE THE RISKS AND DO VOLUNTARILY AGREE TO PARTICIPATE IN THE ADAPTIVE WATER SKIING CLINIC.

SIGNATURE: _____ DATE: _____

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(PARENT/GUARDIAN, IF APPROPRIATE)