



Waiver of Liability and Assumption of Risk Agreement

In consideration of the privilege of participating in the **LEARN TO SWIM** program and any of its events at or through the **MCAS New River, MCCS Aquatics Program**, and further recognizing the voluntary nature of my participation in such organization and events, I, the undersigned, intending to be legally bound, hereby agree to waive for myself, my guardians, heirs, executor, administrators, legal representatives, and any other persons on my behalf, any and all rights and claims for injuries, damages, demands and any other actions whatsoever, including those attributable to simple negligence, which I may have against the United States Government* arising out of my voluntary participation in any of the activities of the Semper Fit Aquatics Program, MCAS New River, Jacksonville, NC. I agree that I will never prosecute or in any way aid in prosecuting any demand, claim or suit against the United States Government for any loss, damage, or injury to my person or property that may occur from any cause whatsoever as a result of taking part in this activity.

I further verify that I have full knowledge of, and assume the risks involved in the activities of the Semper Fit-Aquatics Program and that I am physically capable to participate in such activities. I also understand and agree that I may be held liable for any damage or loss to the United States Government that is caused by my gross negligence, willful misconduct and/or fraud.

I understand that should I decline to execute this agreement, I/my dependents will not be permitted to participate in the class/program.

I, _____, consent to taking part in the above referenced class or program. I agree and will abide by the above provisions of waiver of liability and assumption of risk.

I, _____, the parent or legal guardian of _____, consent to said child taking part in the above referenced class or program. I agree and will abide by the above provisions of waiver of liability and assumption of risk.

Signature (if minor, parent or legal guardian)

Date

Name: _____

Age: _____

Address: _____ Phone: _____

Sponsors Name: _____ Sponsors Work Unit and Phone #: _____

Swimming Level Requested: _____ Time of Class: _____

Emergency Contact Information:

Emergency Contact Person: _____ Relationship: _____

Phone Number: _____ Alternate Number: _____

Received By: _____ Date: _____ Receipt #: _____

*United States Government, as used here, includes any officer, agent or employee of the United States Government or Marine Corps Community Services (MCCS) activities official or otherwise.



Photo Release Form

Minors:

I hereby give MCCS permission to take photographs of the minor named below or photographs in which the minor may be involved with others for the purpose of promoting MCCS.

I hereby release and discharge MCCS and the project's sponsoring organization MCCS from any and all claims arising out of the use of the photos, or any rights that I or the minor may have.

I, _____ am of full age, and am able to contract for the minor,
_____, in the above regard. I have read the foregoing document and fully understand its contents.

Signature: _____ Date: _____