

# Rodale Aquatic Center Athlete/Student Waiver

☐ **Faculty/ Staff/ Emeritus**      ☐ **CCC Student**      ☐ **Guest/Special Programs**

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Participant a Cedar Crest College Community Member?	No	Trustee	Faculty	Staff	Student	Alumni
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Parent or Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Town Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Phone

## WAIVER & AGREEMENT TO PARTICIPATE AT THE RODALE AQUATIC CENTER

Parent or legal guardian must sign for children under the age of 18 years.

I, \_\_\_\_\_ understand there are inherent risks associated with  
(Participant or Parent/ Guardian if under the age of 18 years)

activities around a swimming pool and, more specifically, with activities associated with the program offering of the Rodale Aquatic Center, and that prior to beginning any program involving physical exertion, the participant( I/ my child ) should obtain medical clearance from a physician. I understand that medical emergencies and complications can occur as a result of strenuous physical activity or can arise from preexisting conditions during participation in such an activity.

I knowingly and voluntarily waive any and all rights and causes of action, suits, damages and claims which I have against Cedar Crest College and its instructors and employees thereof, in connection with or from participation in such an above-described activity.

I give permission to Cedar Crest College to use my photo in publications that promote the college. I understand that I will not be financially compensated if those photos appear in College-related materials.

I have received and read a copy of the Safety Rules & Helpful Tips.

Does the student/ child/ patron/ guest(s) have any medical, physical or psychological limitations or conditions which could potentially affect swimming or a learning/ emergency situation?

☐ YES    ☐ NO    *If yes, please describe:*

*Is the participant afraid of the water or deep water?*      ☐ YES      ☐ NO

**Participant Name** (*please print*): \_\_\_\_\_

**Participant Signature or  
Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_