Parks & Recreation Water Competency Waiver

Test consists of child jumping into water over his/her head, fully submerging and swimming approximately 12 yards, turning around and traveling back to point of entry without touching the wall or assistance from others.

Child's Name: _____ **Age:** _____ **DOB:** _____ **Sex: M F**

Household Address: _____ City: _____ Zip: _____

Primary Guardian Name: _____ Age: _____ DOB: _____ Sex: M F

Phone: Home# _____ Work# _____ Cell# _____ Emergency # _____

Email: _____ Cell Provider: _____

Secondary Guardian Name: _____ Age: _____ DOB: _____ Sex: M F

Phone: Home# _____ Work# _____ Cell# _____ Emergency # _____

Email: _____ Cell Provider: _____

I understand that all participants must pass before being allowed to participate in any swimming field trips or activities. **This water competency waiver is only valid for the water depth where test occurred. Proper swim attire is required.**

Waiver of Claim

I _____ acting on behalf of my organization, myself or my minor child do expressly and forever waive, release, and hold harmless and indemnify Clark County from and against any and all claims, demands, obligations, causes of action and lawsuits, and all damages, liabilities, fines, judgments and costs (including reasonable attorney's fees) associated with, arising from or alleged to have risen from the actions or omissions of myself, my minor child or the organization, its agents, employees or contractors, in connection with the event, or any failure to comply with the laws, ordinances, rules and regulations applicable to the duties and responsibilities set forth herein. Clark County reserves the right to revoke this reservation should any information herein be found to be inaccurate or untrue.

PHOTO/VIDEO RELEASE: By registering for any Clark County Parks and Recreation program, I agree to allow publication of photos or video taken of my child/children or myself at any program, event or facility associated with the Clark County Parks and Recreation Department.

In signing below I acknowledge that my child is able to swim unassisted in deep water and I authorize a water competency test to be administered.

_____ _____

Parent/Guardian Signature **Date**

FOR OFFICE USE ONLY: Test Location_____

Test Date_____ Passed Yes / No Test Administrator_____
Reason_____
Retest Date_____ Passed Yes / No Test Administrator_____
Reason_____
Retest Date_____ Passed Yes / No Test Administrator_____
Reason_____