

**Anchorage School District
Anchorage, Alaska**

SWIMMING POOL/SWIMMING ACTIVITY WAIVER & CONSENT

To the maximum extent allowed by law, I _____,
being the parent or guardian of _____,
a student at _____ school, agree to defend, indemnify and hold
harmless the Anchorage School District and its employees, directors and designees for expenses relating to
injuries, accidents, disease, property damage and/or property loss which may occur as a result of the
student's participation in a swimming pool or swimming related activity with the Anchorage School
District.

I understand that swimming and swimming pool activities involve certain risks, including but not limited
to serious injury and death. In addition, I understand that participation in swimming pool use involves
activities incidental thereto, including, but not limited to, the possible reckless conduct of other
participants. All stresses and hazards associated with this activity cannot be foreseen. My student will use
swimming pool facilities and participate in swimming activities with my knowledge of the dangers and
risks involved and I hereby agree to accept any and all risks of property damage, personal injury, or death.

I certify the above named student is in overall good health and has no physical condition that would
prevent participation in this activity.

I understand the Anchorage School District **does not** provide student medical insurance coverage or
liability insurance which would cover a student's injuries or actions arising from a swimming related
activity. It will be my responsibility to provide for payment of such expenses should they occur. I am
aware of the hazards associated with participation in this activity and the transportation to and from this
activity, if applicable. **Knowing the risks of this activity, I give my permission for the above listed
student to participate in the swimming pool/swimming related activity, including any transportation
as arranged by the activity's coordinator.**

I also authorize any necessary emergency transportation and medical treatment to be administered to the
above named student. I understand the Anchorage School District assumes no liability for such emergency
transportation and medical treatment and that such costs will be my responsibility.

I understand that she/he will travel to this function via _____ and that proper supervision
and chaperoning will be provided by the Anchorage School District. It is agreed that (student name)
_____ will abide by all rules and regulations imposed by the school
district authorities as outlined in the ASD Handbook. If you have additional questions, please contact your
school's front office.

Parent/Guardian Printed Name: _____

Phone #: _____

Parent/Guardian Signature: _____

Date: _____

Student Signature: _____

Date: _____

(High School Students Only)