

# Moss Farms Diving

## Participation Waiver

I (parent/legal guardian name) \_\_\_\_\_ understand and acknowledge the risk involved with participating in the sport of diving and am allowing (participant's name) \_\_\_\_\_, my (relationship to participant) \_\_\_\_\_ to practice at Moss Farms Diving.

I understand that my son/daughter will be under the care and supervision of the coaches during this practice and hereby declare that I will not allocate any responsibility to Moss Farms Diving or its coaching staff should any accident and/or injury occur during this time.

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

