



**Muskegon Heights Public School Academy System
Aquatic Registration and Waiver Form
(Please Print)**

Participant's Name(s): _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Informed Consent and Release

On behalf of the participant(s) registered above, I hold Muskegon Heights Public School Academy and employees harmless from liability for any and all medical and/or accident expenses which may incur during my or my dependents use of the aquatic facilities. I acknowledge that utilization of these facilities carries with it the potential for disability, death, or other serious injury, including Covid-19. I waive, release, and discharge Muskegon Heights Public School Academy System, its Board of Trustees and employees from claims, actions, damages, and liability for personal injury or damage relating to the use of the facility, except where the injury or damage is caused by the sole negligence.

Signature (parent signature if under 18)

Date

Please PRINT name

Phone