Swim Team Transportation & Participation Waiver

Return this signed waiver to Gateway Academy before your student's first swim team practice.

PROGRAM OVERVIEW

As a member of the Swim Team, your student will be transported by Gateway Academy staff or authorized personnel to Cactus Aquatics for swim practice approximately one to two (1-2) times per week during the swim season. Transportation will occur via school van, and students will be supervised by school staff and/or coaching staff during transit and while at the facility.

Facility Cactus Aquatic & Fitness Center, 7202 E. Cactus Rd, Scottsdale, AZ 85260

Practice Tuesday or Thursday, 11:15am to 12:45pm

Season August 4 through September 17, 2026

WHAT STUDENTS MUST BRING TO EVERY PRACTICE

To make sure your student is prepared and safe at each practice, please send them with the following:

- One-piece bathing suit (required, no two-piece suits or board shorts unless the coaching staff specifies otherwise)
- Swim goggles
- Slides or sandals, for walking to and from the pool deck and locker rooms
- Towel
- Sunscreen
- Refillable water bottle

Students who arrive without the required swim attire or equipment may not be permitted to participate in that day's practice, for safety reasons.

ASSUMPTION OF RISK

I understand that participation in swim team practices and related transportation involves inherent risks, including but not limited to injury related to swimming, diving, or physical activity; slips or falls on wet surfaces; exposure to sun and weather conditions; and risks associated with vehicle transportation to and from Cactus Aquatics. I acknowledge these risks and voluntarily allow my student to participate.

TRANSPORTATION CONSENT

I give permission for my student to be transported by Gateway Academy to and from Cactus Aquatics for the purpose of swim team practice, one to two times per week, for the duration of the swim season as scheduled by the coaching staff.

MEDICAL AUTHORIZATION

In the event of an injury or illness during transportation or practice, I authorize Gateway Academy staff to seek emergency medical treatment for my student if I cannot immediately be reached. I understand that I am responsible for any costs associated with medical treatment not covered by insurance.

RELEASE & HOLD HARMLESS

In consideration for my student's participation in the Swim Team program, I release and hold harmless Gateway Academy, its employees, coaches, volunteers, and agents, as well as Cactus Aquatics and its staff, from any and all claims, liabilities, or damages arising from my student's participation in swim practices and related transportation, except in cases of gross negligence or willful misconduct.

ACKNOWLEDGMENT

I have read this waiver in its entirety. I understand the risks associated with swim team participation and transportation to Cactus Aquatics, and I voluntarily consent to my student's participation.

STUDENT NAME (PRINT)

PARENT / GUARDIAN NAME (PRINT)

PARENT / GUARDIAN SIGNATURE

DATE

EMERGENCY CONTACT NAME & PHONE NUMBER