CITY OF SAN DIEGO
2025 Junior Lifeguard Program Waiver and Release of Liability

For and in consideration of the participation in the Junior Lifeguard Program of the City of San Diego, I acknowledge and agree as follows:

1.   My child and I realize that participation in all Junior Lifeguard Program activities and events are voluntary, and choose to enroll him or her in accordance with and subject to the following terms:

     a.   I understand and acknowledge that my child's participation in the Junior Lifeguard Program presents risks of bodily injury, dismemberment, death, and other loss including damage to property.

     b.   I understand and acknowledge the contagious nature of COVID-19 and voluntarily assume all such risk that my child and I may be exposed to or infected with COVID-19 through participation in the Junior Lifeguard Program, and that such exposure or infection may result in personal injury, illness, permanent disability and/or death.

2.   By signing below, I understand and voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury or loss to my child or myself resulting from my child's participation in the Junior Lifeguard Program, including but not limited to, personal injury, disability, illness, death, damage, loss, or expense of any kind. I hereby release, discharge, hold harmless and covenant not to sue the City of San Diego, its officers, agents, and employees, with respect to any and all such injury, illness, dismemberment, property damage, death, loss, liability, claims, actions, damages, costs or expenses of any kind resulting from my child's participation in the Junior Lifeguard Program, except for injury or loss which results from the gross negligence or willful misconduct directly caused by a City of San Diego employee, officer, agent or representative.

3.   I understand and agree that the City of San Diego does not maintain health insurance or medical coverage for injuries to the junior lifeguard participants that may arise out of involvement in the Junior Lifeguard Program.

4.   I will inform my child that he/she must follow all Junior Lifeguard Program safety rules as well as any other rules or directions given during participation in the Program.

5.   I will comply with all State and County regulations and orders pertaining to COVID-19, including but not limited to wearing face masks and maintaining social distancing. I understand and agree that my child cannot participate in the Junior Lifeguard Program if they have a fever (100 degrees or greater), chills, cough, shortness of breath, difficulty breathing, fatigue, body or muscle aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting or diarrhea.

6.   Unless prior arrangements are made, the City of San Diego shall not be held accountable for children's safety after program hours.

7.   I hereby give to the Junior Lifeguard Program the absolute and irrevocable right and permission to photograph, film, videotape, or record my child's likeness and/or voice and to use the results and proceeds thereof as follows: (a) on the Junior Lifeguard website and (b) for aquatic outreach and/or educational material produced for the Junior Lifeguard Program.

_____   Session: 1 2 AM PM Grommet   _____
Student's Name (Print)   Student's Date of Birth (Print)

This is to certify that as a parent/guardian of this participant, I do consent to his/her waiver and release as set forth above.

_____   _____
Parent and/or Legal Guardian (Signature)   Date

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

In accordance with California Family Code Section 6910, I (we) _____ give authorization to a physician or surgeon, licensed under the provisions of the Medical Practice Act, for (student's name) _____ to receive care and/or emergency medical treatment when necessary. I (We) understand and agree that any expenditure incurred for the care and transportation of the above-named minor is my responsibility.

June 9 – August 8, 2025   _____

Period Covered   Parent / Legal Guardian (Signature)

_____   _____

Date Signed   Parent / Legal Guardian Name (Print)