

Wendell Swim Club

Wendell Waves Swim Team

WAIVER/RELEASE OF LIABILITY

PLEASE READ CAREFULLY BEFORE SIGNING.

THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS

I, _____, the enrolled participant and/or the parent/guardian of the participant agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death. The participant hereby agrees to participate in the Wendell Waves Swim Team and hereby agrees to indemnify and hold harmless the Wendell Swim Club, its coaches, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in the Wendell Waves Swim Team. The participant also agrees to indemnify the Wendell Swim Club for any damages incurred arising from any claims, demand, action or cause of action by the participant. The participant authorizes any representative of the Wendell Swim Club and/or Wendell Waves Swim Team to have the participant treated in any medical emergency during their participation in the Wendell Waves Swim Team. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

I have noted on the registration form any medical/health problems of which the staff should be aware. I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signed: _____ Date: _____

(Participant or Parent/Guardian)

Family Info.

Last Name: _____ Parent's Names: _____

Address: _____ City: _____ Zip: _____

Phones: (____) _____ & (____) _____ Email: _____

Swimmer Info.

First Name: _____ M.I. _____ Last Name: _____

Birthdate: (mm/dd/yy) _____ Age: _____ Sex: _____

First Name: _____ M.I. _____ Last Name: _____

Birthdate: (mm/dd/yy) _____ Age: _____ Sex: _____

First Name: _____ M.I. _____ Last Name: _____

Birthdate: (mm/dd/yy) _____ Age: _____ Sex: _____

First Name: _____ M.I. _____ Last Name: _____

Birthdate: (mm/dd/yy) _____ Age: _____ Sex: _____