

WAIVER/RELEASE OF LIABILITY

The enrolled participant and the parent/guardian of the participant (if the participant is under the age of 18), agree and understand that swimming is a HIGH RISK ACTIVITY. I recognize that there are risks inherent in the sport of swimming, which could result in (but not limited too) paralyzing injuries and death.

The participant hereby agrees to participate in the Rappahannock Swim League program and hereby agrees to indemnify and hold harmless the Rappahannock Swim League, Inc., its coaches, officers, directors, agents, volunteers, and employees, including its swim team and their respective coaches, officers, directors, agents, volunteers and employees against any liability resulting in injury that may occur to the participant while participating in the Rappahannock Swim League program. The participant also agree to indemnify the Rappahannock Swim League Swim League Inc., and the _____ Swim Team from any liabilities, demands, claims, or law suits arising from the actions or inactions of the participant.

The participant and the parent/guardian of the participant authorize any representative of the Rappahannock Swim League, Inc. or the _____ Swim Team to have the participant treated in any medical emergency during their participation in the Rappahannock Swim League Program. Further, the participant and the parent/guardian agree to pay all the costs associated with medical care and transportation of the participant.

I have noted below any medical/health problems of which the staff should be aware.

SWIMMER #1 NAME: _____

Medical/Health Conditions: _____

SWIMMER #2 NAME: _____

Medical/Health Conditions: _____

SWIMMER #3 NAME: _____

Medical/Health Conditions: _____

SWIMMER #4 NAME: _____

Medical/Health Conditions: _____

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGNED IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

PARENT/GUARDIAN SIGNATURE: _____

PARENT/GUARDIAN PRINTED NAME: _____

DATE: _____