

# SYRACUSE SWIM TEAM WAIVER

**All participants must complete this waiver prior to participating.**

## Permission to Participate

In consideration of being permitted to participate, compete, observe, or in any way engage in swimming activity on the Syracuse Swim Team, Participant and parent(s) or legal guardian(s) of Participant, waive, release, and relinquish any and all claim for liability and causes of action, including personal injury, property damage, or wrongful death occurring to Participant arising out of participation in Syracuse Swim Team activities, the sport of swimming, and/or activities incidental thereto. By making this agreement, any claims, rights, or causes of action that Participant and Participant's parent(s) or legal guardian(s) may have are hereby waived, released and relinquished, and Participant and Participant's parent(s) or legal guardian(s) does(do) on behalf of Participant's heir, executors, administrators and assigns.

Participant and Participant's parent(s) or legal guardian(s) acknowledge that swimming activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death. These risks and dangers may be caused by Participant's own actions or inactions, the actions or inactions of others participating in the activity, and the conditions in which the activity takes place.

Participant's parent(s) or legal guardian(s) understand the nature of swimming activities and the Participant's experience and capabilities and believe the Participant to be qualified, in good health, and in proper physical condition to participate in such activity. Participant and participant's parent(s) or legal guardian(s) hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless and release the Syracuse Swim Team, its administrators, directors, agents, officers, members, volunteers, other Participants, sponsors, owners or lessors of the premises where the activity takes place, from all liability, claims, demands, losses, or damages on the Participant's account, caused or alleged to be caused, in whole or in part, by the negligence of the releases.

Printed Name of Participant: \_\_\_\_\_

Printed Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Mark One:

Male \_\_\_ Female \_\_\_ Age as of 6/1/11 \_\_\_ Birth date \_\_\_\_\_

Parent Names \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

e-mail \_\_\_\_\_

Please complete the waiver and mail to: Katie Swanson  
767 S 16<sup>th</sup> Rd  
Unadilla, NE 68454

Questions: call Katie Swanson 402-269-0802