

TRI-COUNTY SWIMMING POOL ASSOCIATION

PERMISSION TO PARTICIPATE AND WAIVER/RELEASE OF LIABILITY

I, , the participant and/or the parent/guardian of the participant agree and understand that swimming is a HAZARDOUS activity and that there are risks inherent in the sport of swimming,

The participant hereby agrees to participate in the TRI-COUNTY SWIMMING POOL ASSOCIATION (TCSPA) swim program as a member of the Wenonah Swim Club swim team and thereby release TCSPA, its officers and/or representatives, Wenonah swim team, its coaches and staff members and Wenonah Swim Club, its staff, agents and/or employees from liability for any injury that may occur to the participant while participating in the TCSPA swim program, including travel to and from training sessions or other scheduled activities. The participant also agrees to indemnify Wenonah 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 Wenonah Swim Club to have the participant in any medical emergency during the participation in the TCSPA swim program. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

I have noted below any medical history or problems of which the staff should be aware.

Swimmers covered by this form (Name(s):

Signed (electronically) by

(PARTICIPANT OR PARENT / GUARDIAN)

DATE: _____

MEDICAL HISTORY / INFORMATION

Swimmer

Notes

Swimmer

Notes

Swimmer

Notes

Swimmer

Notes

Swimmer

Notes