

Orange County Water Polo Foundation

Liability Release Form

Contact Information

Last Name	First Name	Age	Gender
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Birthday	Grade	School
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Address	City	Zip Code
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Parent/Guardian Name Phone	Home Phone	Cell
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Email _____

Any Medical Conditions: _____

Release Agreement: I, the undersigned parent or legal guardian of the undersigned minor for myself and on behalf of the participant, my heirs, assigns and agents acknowledge that participation and/or receiving instruction in swimming involves physical contact and risk of physical injury. For myself, and on behalf of the participant, our heirs, assigns, and agents, I willingly and voluntarily accept and assume all risk. In consideration of accepting the registration and permitting the voluntary participation of the participant in the Orange County Water Polo Foundation program I hereby release, discharge and agree to hold harmless Orange County Water Polo Foundation, Placentia-Yorba Linda Unified School District, its employees, volunteers, sponsors, agents, directors, and other representatives from any and all claims (including but not limited to personal injury, property damage and wrongful death claims), demands, costs, expenses and compensation arising out of or in any way related to any physical injury or other damages that may result from participating and/or receiving instruction in any swimming event sponsored and/or operated by Orange County Water Polo Foundation, including any physical or other injury caused by the negligence of any person while performing his/her duties at any time. I acknowledge that I have read this Release Agreement and I understand the terms and that the participant has given up substantial rights agreeing to these terms, and I sign this release agreement and agree to these terms freely and voluntarily and without inducement for ourselves and on behalf of the participant.

Parent/Guardian Signature

Date