LIABILITY RELEASE AND INDEMNIFICATION FORM FOR TRAVEL

I, _____ the participant, request voluntary participation to travel to and from First Colony Swim Team, Inc. ("First Colony Swim Team") events for the dates from_____, 20____ through_____,20____.

I consent to participating and traveling to and from First Colony Swim Team events and acknowledge that I fully understand participation in travel may involve risk of serious injury or death, including losses which may result not only from my own actions, inactions or negligence, but also from the actions, inactions, or negligence of others. This includes participation in and all travel to and from the related events arranged by First Colony Swim Team, including but not limited to all transportation being plane, boat, train, van, car, airline and/or chartered plane paid either by the participant or travel paid or reimbursed by USA Swimming. I understand that if I have any concerns regarding event participation or travel, it is my responsibility to discuss the risks associated with participation with the activity coordinators and event staff, before I sign this document and before travel begins.

Release – Participants Rights:
I hereby release and hold harmless First Colony Swim Team, USA Swimming, and its local swimming committee and their members of its board of directors, and its officers, employees, members, volunteers, other participants, and agents (collectively, the "Released Parties"), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that may have or sustain with respect to any and all damage and/or injury, of any type, arising out of participation or travel to and from First Colony Swim Team related swimming events. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I certify that I am in good health and have no physical condition that would prevent traveling to and from any First Colony Swim events. Furthermore, I agree to use personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

_____ _____ _____
(Print name of Participant (Signature of Participant (Date)

Indemnification by Participants:
The undersigned further agree to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising from travel to and from First Colony Swim Team events.

_____ _____ _____
(Print name of Participant) (Signature of Participant) (Date)