



VISTING SWIMMER RELEASE

SWIMMER INFORMATION & PROOF OF USMS/USA SWIMMING MEMBERSHIP

SWIMMER'S NAME: _____
(Legal First Name) (Middle Name) (Last Name)

DATE OF BIRTH: _____ USMS /USA SWIMMER ID. # _____ USMS/USA MEMBER EXP DATE: _____
(Circle One)

CURRENT TEAM NAME: _____ CITY/STATE LOCATED _____

This release shall remain in effect from _____ to _____ (Start and end dates should reflect short term visitation period only.)

I ATTEST, UNDER PENALTY OF PERJURY, THAT TO THE BEST OF MY KNOWLEDGE, THE MEMBER ID PROVIDED ABOVE TO BE VALID.

Printed Name of Swimmer/Parent/Guardian Swimmer/Parent/Guardian Signature Today's Date:

PARENT/GUARDIAN INFORMATION (For Visiting Minors)

FATHER'S/MALE GUARDIAN'S NAME: _____
(First) (MI) (Last)

CONTACT NUMBER: _____ EMAIL: _____

MOTHER'S/FEMALE GUARDIAN'S NAME: _____
(First) (MI) (Last)

CONTACT NUMBER: _____ EMAIL: _____

HAVE ANY OF YOUR SWIMMERS BEEN ON ANY USA SWIMMING TEAM BEFORE? NO YES

CONSENT TO TREAT

MINOR CHILD (Under 18)

I HEREBY GIVE MY FULL CONSENT AND APPROVAL FOR MY CHILD TO PARTICIPATE IN USA SWIMMING ACTIVITIES AND COMPETITION AS A VISITING SWIMMER OF FIRST COLONY SWIM TEAM. I UNDERSTAND THAT THERE ARE CERTAIN RISKS OF INJURY INHERENT IN THE PRACICE AND PLAY OF THIS SPORT, AS WELL AS IN TRAVELING AND OTHER RELATED ACTIVITIES INCIDENTAL TO PARTICAPTION, AND I AM WILLING TO ASSUME THESE RISKS ON BEHALF OF MY CHILD. I HEREBY CERTIFY THAT MY CHILD IS FULLY CAPABLE OF PARTICIPATING IN USA SWIMMING ACTIVITIES AND THAT MY CHILD IS HEALTHY AND HAS NO PHYSICAL OR MENTAL DISABILITIES OR INFIRMITES THAT WOULD RESTRICT FULL PARTICIPATION IN THESE ACTIVITIES, EXCEPT AS LISTED ABOVE.

Printed Name of Parent/Guardian Parent/Guardian Signature Today's Date:

ADULT (18+)

I HEREBY GIVE MY FULL CONSENT TO PARTICIPATE IN [USMS / USA SWIMMING] ACTIVITIES AND COMPETITION AS A VISITING SWIMMER OF FIRST COLONY SWIM TEAM. I UNDERSTAND THAT THERE ARE CERTAIN RISKS OF INJURY INHERENT IN THE PRACICE AND PLAY OF THIS SPORT, AS WELL AS IN TRAVELING AND OTHER RELATED ACTIVITIES INCIDENTAL TO PARTICAPTION, AND I AM WILLING TO ASSUME THESE RISKS. I HEREBY CERTIFY THAT I AM FULLY CAPABLE OF PARTICIPATING IN [USMS / USA SWIMMING] ACTIVITIES AND THAT I AM HEALTHY AND HAVE NO PHYSICAL OR MENTAL DISABILITIES OR INFIRMITES THAT WOULD RESTRICT FULL PARTICIPATION IN THESE ACTIVITIES, EXCEPT AS LISTED ABOVE.

Printed Name of Adult Swimmer Parent/Guardian Signature Today's Date:



LIABILITY WAIVER

INDEMNITY:

THE UNDERSIGNED SWIMMER AND/OR GUARDIAN, SHALL INDEMNIFY AND HOLD HARMLESS FIRST COLONY SWIM TEAM, ITS OFFICERS, COACHES, SPONSORS, SUPERVISORS AND AGENTS FROM AND AGAINST ANY AND ALL SUITS, CLAIMS, DEMANDS, AND DAMAGES INCLUDING ATTORNEY'S FEES AND LOSSES TO PERSONAL PROPERTY, PERSONAL INJURY OR LOSS OF LIFE IN CONNECTION WITH OR INCIDENTAL TO THE PERFORMANCE OF SWIM RELATED ACTIVITY CONDUCTED, SPONSORED, AND/OR PARTICIPATED IN OR BY FIRST COLONY SWIM TEAM IN ANY MANNER DIRECTLY OR INDIRECTLY CAUSED, OCCASIONED, OR CONTRIBUTED TO BY REASON OF ANY ACT, OMISSION, FAULT OR NEGLIGENCE WHETHER ACTIVE OR PASSIVE OF FIRST COLONY SWIM TEAM OR ANYONE ACTING UNDER ITS DIRECTION OR CONTROL OR ON ITS BEHALF. THIS INDEMNITY SHALL APPLY EVEN IN THE EVENT OF THE UNINTENTIONAL FAULT OR NEGLIGENCE OF FIRST COLONY SWIM TEAM TO THE FULLEST EXTENT PERMITTED BY LAW, BUT IN NO EVENT SHALL THIS INDEMNITY APPLY TO LIABILITY CAUSED BY THE WILLFUL MISCONDUCT OR SOLE NEGLIGENCE OF FIRST COLONY SWIM TEAM.

Printed Name of Swimmer/Parent/Guardian

Swimmer/Parent/Guardian Signature

Today's Date: