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 IS VALID AND BELONGS SOLEY TO THE ABOVE NAMED SWIMMER.

_____ _____ _____
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 FOR PARTICIPATION AND MEDICAL TREATMENT

I HEREBY CERTIFY THAT I AM THE SWIMMER [OR PARENT OR LEGAL GUARDIAN OF THE MINOR SWIMMER] AND GIVE MY FULL CONSENT AND APPROVAL TO PARTICIPATE [OR MY CHILD TO PARTICPATE] IN **USMS / USA SWIMMING** ACTIVITIES AND COMPETITION AS A VISITING SWIMMER OF **FIRST COLONY SWIM TEAM**.

I ACKNOWLEDGE AND UNDERSTAND THAT THERE ARE CERTAIN RISKS OF INJURY INHERENT IN THE PRACTICE 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 MYSELF (OR ON BEHALF OF MY CHILD]. I CERTIFY THAT I AM FULLY CAPABLE OF PARTICIPATING [OR MY CHILD IS FULLY CAPABLE OF PARTICIPATING] IN USMS / USA SWIMMING ACTIVITIES AND THAT I AM [OR MY CHILD IS] HEALTHY AND THAT I HAVE [OR MY CHILD HAS] NO PHYSICAL OR MENTAL DISABILITIES OR INFIRMITES THAT WOULD RESTRICT FULL PARTICIPATION IN THESE ACTIVITIES.

IN THE EVENT OF ACCIDENT, INJURY, ILLNESS. I HEREBY GIVE MY PERMISSION FOR ANY SUPERVISOR, COACH OR OTHER AGENT OR ADMINISTRATOR ASSOCIATED WITH **FIRST COLONY SWIM TEAM** TO SEEK AND GIVE APPROPRIATE MEDICAL ATTENTION TO MYSELF [OR MY CHILD]. I ACKNOWLEDGE AND AGREE TO BE FINANCIALLY RESPONSIBLE FOR ALL COSTS ASSOCIATED WITH ANY NECESSARY MEDICAL ATTENTION AND/OR TREATMENT.

_____ _____ _____
Printed Name of Swimmer [or Parent/Guardian] Signature of Swimmer [or Parent/Guardian] 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 INCDIENTAL 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: