2018 CGAC Waiver and Liability Release

**MEDICAL RELEASE**

I (we), the Parent/Guardian(s) of the swimmer(s) named above, certify that to the best of my knowledge and belief the mentioned child (children) is in good physical condition and has no medical concern that would impair participation in this program. I (we) hereby give our permission for him/her to participate in practice and with the Center Grove Aquatic Club for both local area and some distance meets throughout the current swim season.

**LIABILITY WAIVER**

I (We) Parent/Guardian, hereby releases CGAC, its employees, officers, directors and volunteers and any facility used by CGAC from any liability arising out of any injury to the Swimmer(s) which may occur while the Swimmer(s) is/are participating in the CGAC swim program, including, but not limited to, practices, meets, travel trips, and other team activities, or while the Swimmer(s) is/are using facilities leased or used by CGAC.

Swimmer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_