



WAIVER / RELEASE OF LIABILITY

Please read carefully before signing. This is a release of liability and waiver of certain legal rights.

I _____ (parent / guardian) of,
_____ (participant), hereby relieve RACE Aquatics Swim Club, the Warren County (KY) Public School System, Warren County Swim Team Booster Club, Warren County Parks and Recreation, Bowling Green Parks and Recreation, or facilities so granted a certificate of liability insurance by RACE Aquatics Club and any officers, agents or employees of these organizations from any liability in the event of an accident during our try-out period. I acknowledge that there is no insurance coverage provided by any of the parties named above. Participants are encouraged to carry additional personal accident insurance. I understand the inherent hazards in and around swimming pools and with sports training in general, including but not limited to paralyzing injuries and death. I also state that my child is physically fit to participate with the RACE Aquatics Swim Club.

I further give permission for RACE Aquatics Swim Club to provide treatment (or call for professional treatment) for my child in the event of an emergency. I do not hold RACE Aquatics Swim Club or the coaches responsible for any medical costs incurred from a medical emergency. I hereby certify under penalty of perjury under the laws of the State of Kentucky to the truth and accuracy of information provided in this application.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Parent Signature

Date

RACE Administration

Date Received

RACE AQUATICS SWIM CLUB

Swim Lesson Registration

A completed registration form and waiver must be completed to participate in our program.

NO REFUNDS OR MAKEUPS!

Please plan vacation times carefully.

Participant(s) Information:

Age	Sex	Name	Date of Birth

Responsible Adult Information:

Name: _____ Phone: _____

Address: _____

City: _____ Zip: _____ Emergency# _____

Email (1): _____ Email (2): _____

----- Do Not Write Below This Line -----

	Session	Session	Session	Session	Session	Session
	M T W T H	M T W T H	M T W T H	M T W T H	M T W T H	M T W T H
Amount Due						
Check#						