RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEEMENT

In consideration of participating in swimming and training, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence, Edinborough Park Pool, Edina Public Schools, Riptide Swim Team, Inc., Wise Swim School, Inc., WE Swim, Inc., Bluewater Capital Management II, LLC, and Bluewater Capital Management, LLC and their owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

- 1. I acknowledge that swimming and training involves known and unanticipated risks which could result in physical or emotional injury, paralysis, or permanent disability, death, and property damage. Risks include, but are not limited to, in and out of water training, locker room usage, bleacher usage, home and away swim meets and events; travel-related incidents; medical conditions resulting from physical activity; exposure to bacteria, viruses, and other pathogens; damaged clothing or other property. I understand such risks simply cannot be completely eliminated, despite the use of safety equipment, best practices, and due care, without jeopardizing the essential qualities of the activity.
- 2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate, despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
- 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence." This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I and/or my minor have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.
- 5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees facility is located, and I further agree that the substantive law of that state shall apply.
- 6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at this stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

Signature Print Name			
Address	City	State	Zip
Telephone ()	Date		
	PARENT OR GUARDIAN ADDITIONAL AG Must be completed for participants under		
In consideration of	,		,,
Parent or Guardian	Print Name[Date	_
(If no	otarization is necessary, please sign & stamp	this side of form.)	