

# Marlins Swimming of The NORTHERN LIGHTS (NLSA-ND) 2018 SECTIONALS ... Participant Waiver & Release of Liability

## **INSTRUCTIONS:**

- 1) Each swimmer must read the statement below before completing & signing this waiver & release...
- 2) Parent/Guardian must read the statement below before completing & signing this waiver & release...

## **AGREEMENT:**

In consideration of my participation in the sponsored activities of the NLSA Marlins 2018 SECTIONAL Trip, I acknowledge, agree to & understand that:

**1. WAIVER & RELEASE OF LIABILITY:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with TRAVEL & participation in this swimming event. I further agree on behalf of myself, my heirs, and personal representatives, that Marlins Swimming & Diving of The NORTHERN LIGHTS (NLSA) and any other legal names which may identify the host organization of this trip, along with the coaches, agents, officers and directors, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the 2018 SECTIONAL trip, or as a result of equipment that may have been provided to me for these activities.

**2. MEDICAL ATTENTION:** I hereby give my consent to Marlins Swimming of The NORTHERN LIGHTS (Pat Anderson) to provide, through a medical staff of choice, customary medical/athletic training attention, transportation and/or emergency medical services as warranted in the course of my participation in the 2018 SECTIONAL Trip.

**3. READINESS:** I will only participate in those 2018 SECTIONAL activities for which I believe I am physically and psychologically prepared to participate in.

(PRINT or TYPE) **SWIMMER'S NAME:** \_\_\_\_\_

**SWIMMERS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(PRINT or TYPE) **PARENT/GUARDIAN NAME:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIPCODE:** \_\_\_\_\_

**CONTACT EMAIL:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

In the case of an EMERGENCY ... I CAN be reached at the following #: \_\_\_\_\_

**INSURANCE provider & information:** \_\_\_\_\_