

North Shore Swim Club

COVID-19 LIABILITY RELEASE AND INDEMNIFICATION FORM

I, the undersigned participant and parent, request voluntary participation for minor to participate in all events, which are hereinafter referred to as "activities". sponsored by **NORTH SHORE SWIM CLUB, USA Swimming** and its local swimming committees. This agreement is valid while the participant is a member of USA swimming.

Parent/ Guardian Consent: I consent to my/minor's participation in activities and acknowledge that the minor and I fully understand my/minor's participation may involve risk of serious injury or death, including losses which may result from my/minor's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or the activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff before I sign this document and activities begin.

Indemnification Release: Minor's, Parents/ Guardian Rights: In consideration of allowing my child to participant and engage in these activities, I hereby indemnify, release and hold harmless **NORTH SHORE SWIM CLUB, USA SWIMMING** and its local swimming committee and their members of its board of directors, officers, employees, volunteers, other participants, and agents(collectively, the "Released Parties"), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that Minor Participant may have or sustain with respect to any to any and all damage and/ or injury, of any type, arising out of his or her participating in the activities. The undersigned also agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releasee and is intended to be as broad and inclusive as permitted by the laws of the state in which the Event(s) is/ are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I certify that my/minor is in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my/minor's personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

Parent Name: _____

Parent Signature: _____

Date: _____