WALNUT COUNTRY SWIM TEAM SPRING CLINIC
2019 REGISTRATION FORM

Family Name (s): _____ **Phone:** _____

Address: _____ **City:** _____ **Zip:** _____

Parent/Guardian 1: _____ **Cell #:** _____ **Work #:** _____

Parent/Guardian 2: _____ **Cell #:** _____ **Work #:** _____

Email Address: _____

Emergency Contact: _____ **Phone:** _____

FEES: $130 for each swimmer. Swimmers MUST have meet experience or be approved by Head Coach and WCST Committee. Please make checks payable to "WCST". Please note that no refunds will be issued.

Swimmer Name	Gender	Age (as of 6/16/19)	Date of Birth

Total Registration Fees: _____

Completed forms and payment must be delivered in person or by mail to the CHOA business office located next to the pool at 4498 Lawson Court concord, CA 94521. Thank you for your cooperation.

Parent Signature: _____ Date: _____

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of participation for the persons (herein referred to as “swimmers”) named below in the Walnut Country Swim Team.

1. The undersigned parent or legal guardian HERBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the Walnut Country Swim Team, coaching staff, Cowell Home Owners Association and leases of the property and each of their officers and employees all for the purpose (herein referred to as “releases”), from all liability to the undersigned, his personal representative, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefor on account of injury to the person or property resulting to the swimmers named below whether caused by the negligence of the releases, or otherwise while the swimmers named below are involved or participating in any swim clinic purpose or activity on or off the property.

2.The undersigned parent or legal guardian HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS the releases and each of them from any loss, liability damage, or cost they may incur while the swimmers named below are involved or participating in any swim clinic purpose or activity on or off of the property whether caused by the negligence of the releases or otherwise.

3.The undersigned parent or legal guardian HERBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of releases or otherwise while the swimmers named below are involved or participation in any swim clinic purpose or activity on or off the property.

4.The undersigned parent or legal guardian HERBY GRANTS PERMISSION for images of the swimmers named below, captured during regular and special swim activities through video, photo and digital camera, to be used solely for the purposes of clinic promotional material and publications or instruction and critique, and waive any rights of compensation or ownership thereto.

The undersigned parent or legal guardian expressly acknowledges and agrees that competitive swimming and diving are activities in which there are substantial risks of head and neck injuries or drowning etc., all of which involves the risk of serious injury and or death and or property damages. The undersigned parent or legal guardian further expressly agrees that the foregoing release waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effort.

The UNDERSIGNED PARENT OR LEGAL GUARDIAN HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

1st SWIMMER: _____ 2nd SWIMMER: _____

3rd SWIMMER: _____ 4th SWIMMER: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____