

MEDICAL RELEASE WAIVER

I, the undersigned parent or legal guardian, request voluntary participation for the minor to participate in all events and practices, which are hereinafter referred to as the “activities,” sponsored by Riverside Aquatic Club, Indiana Swimming, USA Swimming, and its local swimming committees.

I consent to the minor’s participation in the activities and acknowledge that the minor and I fully understand minor’s participation may involve risk of serious injury or death, including losses which may result not only from the 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 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 minor-participant with the activity coordinators and staff, before I sign this document and before any activities begin.

In consideration of allowing minor participant(s) to participate in activities, I hereby release and hold harmless the Released Parties, of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain with respect to any and all damage and/or injury, of any type, arising from Minor Participant’s participation in the activities. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. I certify that minor is in good health and have no physical condition that would prevent participation in these activities. 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.