## 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 the "activities." sponsored by Cumberland Valley School District, Cumberland Valley Aquatic Club, USA Swimming and its local swimming committees.

I consent to my/minor's participation in the 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 not only 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 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 before any activities begins.

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damage and/or injury, of any type, ar	numberland Valley Aquatic Club, USA poard of directors, officers, employees arties"), of and from, and do discharge ilities that Minor Participant may have ising out of his or her participating in t	Swimming and its local swimming s, volunteers, other participants, and e and waive, any and all claims, or sustain with respect to any and all
(Print name of minor)	(Signature of minor)	(Date)
In consideration of allowing Minor Pa hold harmless the Released Parties, losses, damages, and liabilities that I any type, arising from Minor Participa agreement is held to be invalid the ba	of and from, and do discharge and wa may have or sustain with respect to a ant's participation in the activities. I al	aive, any and all claims, demands, any and all damage and/or injury, of so agree that if any portion of this
(Print name of Parent/Guardian)	(Signature of Parent/Guardian)	(Date)
I certify that my/minor is in good heal activity. Furthermore, I agree to use payment if accident or injury occurs. required.	my/minor's personal medical insurand	ce as a primary medical coverage
(Print name of Parent/Guardian)	(Signature of Parent/Guardian)	(Date)
Indemnification by Parent/Guardia The undersigned parent/guardian furtany and all claims, demands, losses, respect to any damage and/or injury,	ther agrees to indemnify, save and ho damages and liabilities for indemnitie	

om 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 is 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.

(Print name of Parent/Guardian)	(Signature of Parent/Guardian)	(Date)

## **HOLD HARMLESS WAIVER**

It is my intent as a participant or player competing in Cumberland Valley School District or Cumberland Valley Aquatic Club sanctioned activities, while participating during activities including any pre-game or post-game activities at Cumberland Valley School District and Cumberland Valley Aquatic Club practice sites that I am agreeable to the following:

I acknowledge that I am aware that there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from:

 An outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof;

In consideration of having the opportunity to participate as either a team member or competitor at location, and in acknowledging that I am aware of and willing to assume the risks associated with this activity, I hereby voluntarily agree to waive, hold harmless and indemnify Cumberland Valley Aquatic Club, Cumberland Valley School District and its trustees, agents, volunteers and employees from any and all claims, demands, damages and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my participation in the above activities. I indicate my agreement to this hold harmless elective noted below.

Printed Name				
Signature	 	 		