ACE Liability Release and Indemnification Form for Minor Travel

(Event and dates)		
I consent to my/minor's participation in traveling my/minor's participation in travel may involve risk my/minor's own actions, inactions or negligence, all travel to and from the event arranged by ACE should discuss the risks associated with my/minor this document and before travel begins.	of serious injury or death, including lo but also from the actions, inactions, o Swimming. I understand that if I have	osses which may result not only from r negligence of others. This includes any risk concerns regarding travel,
Release- Minor's Rights: In consideration of allowing Minor Participants harmless ACE Swimming, members of its board of participants, and agents (collectively, the "Releas demands, losses, damages, and liabilities that Mir or injury, of any type, arising out of his or her agreement is held to be invalid the balance, notwi	f directors, and its officers, coaches, emed Parties"),of and from, and do dischor Participant may have or sustain with travel to USA Swimming events. I als	nployees, members, volunteers, othe narge and waive, any and all claims n respect to any and all damage and so agree that if any portion of this
(Print name of minor)	(Signature of Minor)	(Date)
Release- Parents' / Guardians' Rights: In consideration of allowing Minor Participants harmless the Released Parties, of and from, and cliabilities that I may have or sustain with resperanticipant's travel to and from USA Swimming even the balance, not withstanding, shall continue in the standing of t	do discharge and waive, any and all cla ect to any and all damage and/or inju vents. I also agree that if any portion of	ims, demands, losses, damages, and iry, of any type, arising from Mino this agreement is held to be invalid
physical condition that would prevent traveling minor's personal medical insurance as a prima emergency medical treatment in the event such ca	to and from any USA Swimming even ry medical coverage payment if acci	its. Furthermore, I agree to use my
minor's personal medical insurance as a prima	to and from any USA Swimming even ry medical coverage payment if acci- are is required.	its. Furthermore, I agree to use my dent or injury occurs. I consent to
minor's personal medical insurance as a prima emergency medical treatment in the event such ca	to and from any USA Swimming even try medical coverage payment if accidare is required. (Signature of Parent/Guardian) (Date to indemnify, save and hold harmless to for indemnities, contribution or otherw	the Released Parties from any and alvise with respect to any damage and