OYSTER RIVER OTTERS TRAVEL PERMISSION/WAIVER

I consent to my/minor's participation in traveling to and from Oyster River Otters' ("Otters") swimming events including, but not limited to, practices, meets camps and other swimming related events and acknowledge that I fully understand my minor's participation in travel may involve risk of serious injury or death, including losses which may result from inactions or negligence , but also from the actions, inactions, or negligence of others. This includes all travel to and from the event arranged by the Otters, including but not limited to all transportation being plane, boat, train, van, car, airline and/or chartered plane paid either by the participant or travel paid or reimbursed by the Otters. I understand that if I have any risk concerns regarding travel, I should discuss the risks associated with my/minor's participation with the activity coordinators and event staff, before I sign this document and before travel begins.

I understand that the Otters have no obligation to provide travel for any swimmer.

Release

In consideration of allowing Minor Participant to travel to and from Otters swimming events, I hereby release and hold harmless the Oyster River Otters, members of its board of directors, and its officers, employees, members, 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 and all damage and/or injury, of any type, arising out of his or her travel to or from Otters swimming events including, but not limited to, practices. 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 my/minor is in good health and have no physical condition that would prevent traveling to and from any USA Swimming events. 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.

_____

(Print name of Swimmer)

_____ _____

(Print name of parent/guardian) (Signature of parent/guardian)

(Date)