

USA Swimming Waiver and Release Form

(Duplicate as needed for each athlete.)

EACH COMPETITOR AND HIS/HER PARENT OR GUARDIAN, IF APPLICABLE, MUST COMPLETE THIS WAIVER AND RELEASE FORM THIS INCLUDES INDIVIDUAL AND RELAY ONLY SWIMMERS

In signing below, the athlete affirms to have read the entry form and agrees to abide by the conditions herein. I verify the events in which I am entered and that I am a registered athlete according to the USA Swimming Rulebook; that in consideration of your accepting this entry, I, intending to be legally bound, do hereby for ourselves, our heirs, executors and administrators, waive, release, and forever discharge any and all rights and claims for damages which we or either of us may hereafter have against USA Swimming, Inc., the Local Swimming Committee (LSC), and/or their respective officers, agents, representatives, successors and/or assigns, for any and all damages which may be sustained or suffered by me in connection with, or entry in and/or arising out of my traveling to, participating in and returning from said event.

GENERAL ACKNOWLEDGEMENT & ACCEPTANCE

I hereby acknowledge that all information and signatures on this form are applicable to my participation in 2019 - 2020 USA Swimming competitions, including but not limited to: U.S. Open Swimming Championships, U.S. Nationals/U.S. Olympic Team Trials, Winter Junior National Championships, Futures Championships, and the TYR Pro Swim Series Meets. I agree to abide by the regulations specified in this document and in the Rules and Regulations of USA Swimming for the management of conduct to the USA Swimming program.

OATH OF ELIGIBILITY

I declare that I am eligible and in good standing with regulations laid down by USA Swimming, the International Federation for Amateur Swimming (FINA), and the International Olympic Committee (IOC). I also declare I am not under suspension or disciplinary action imposed for use of illegal drugs or other athlete regulation infractions. I agree to sign additional documents to this effect when required to do so by USA Swimming or the local organizing committee. I certify that, to the best of my knowledge and belief, I am in good physical condition and have no disease or injury that would impair my performance in competition and agree that while a participant in this competition, I will keep myself in top physical condition and retain my eligibility status.

DOPING

I understand that it is the policy of USA Swimming to discourage and prevent the use of prohibited doping substances and prohibited doping methods. The FINA Anti-Doping Rules are available on-line or from USA Swimming. I know that I should call the USADA Drug Reference Line (719-785-2000) to check the status of all medications and substances I am currently using, and to satisfy any questions or concerns that I may have about medications and prohibited substances and methods. I do not currently engage in, nor do I intend to use, any prohibited substances and methods. I acknowledge that the use of prohibited substances or prohibited methods may subject me to disqualification and other sanctions imposed by USA Swimming, USADA, FINA or the IOC publishes on its website. In the event I refuse to submit to a drug test or a drug test has a positive result, I recognize that I am subject to the adjudication processes established by USADA and FINA, because of my refusal or positive test.

CONCUSSION INFORMATION

As may be required by state law, USA Swimming is providing a concussion and head injury information sheet. The USA Swimming Concussion Information Sheet (three pages) is attached to this waiver. I acknowledge that the information contained in the USA Swimming Concussion Information Sheet is not medical advice and is no substitute for medical advice.

I acknowledge that I have received the USA Swimming Concussion Information Sheet. I also acknowledge that if I have any questions regarding the signs or symptoms of a concussion or other head injuries, the need to seek medical attention and the protocol for returning to daily activities, school and the swimming pool, I will consult with a licensed health care provider.

DRUG TESTING

I understand that USADA will conduct drug testing on athletes during and outside of competition. By registering for this competition, I hereby consent to and authorize USADA to test me for prohibited substances and prohibited methods at any time. I further acknowledge and agree that my refusal to participate in a drug test may subject me to disqualification and sanctions, the same as if I had tested positive for a prohibited substance. I hereby authorize USA Swimming to include the results of any drug testing of me in the published statistics for drug testing and to include my name in the list of athletes who have been drug tested, which USA Swimming publishes on its website. In the event I refuse to submit to a drug test or a drug test has a positive result, I recognize that I am subject to the adjudication processes established by USADA and FINA, because of my refusal or positive test.

AUTHORIZATION AND EVENT PROMOTION

I agree to be filmed and photographed by the official photographer(s) and networks of USA Swimming under the conditions authored by USA Swimming and give the event organizers the right to use my name, picture, likeness, and biographical information before, during or after the period of my participating in these competitions to promote the competition in which I compete or to promote the success of the team on which I competed. I understand and agree not to use or authorize use of pictures of myself in the uniforms and equipment provided by USA Swimming for the purpose of trade without the consent of USA Swimming. I agree not to use the medals or photos, portraits or films of me with the medals, which I receive from my performance in this competition, for the purpose of trade. Furthermore, it is agreed that I shall return these uniforms and equipment, bearing USA Swimming logos and marks, if and when requested.

AUTHORIZATION FOR MEDICAL SERVICES

I hereby give consent for USA Swimming to provide me with medical care and treatment and emergency medical services associated with participation in this competition. Additionally, I hereby agree that in the event I elect to obtain any of these services or treatments from any sources, other than those provided or approved by USA Swimming, I shall accept full and complete responsibility. I further authorize the release of any medical information necessary to process a claim for accident/medical payment insurance for an injury or illness incurred while I am participating as a member of the USA Swimming delegation at this competition.

ASSUMPTION OF RISK OF SERIOUS INJURY

I understand and appreciate that my participation in the sport of swimming carries a risk of serious injury, including permanent paralysis or death. I voluntarily and knowingly recognize, accept and assume this risk.

RELEASE

The undersigned, parent(s), natural guardian(s), or legal guardian(s) of _____, does thereby represent he/she (they) is (are), in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties herein referred to above, as releases, from all liability, loss, cost, claim, or damage whatsoever may be imposed upon said releases because of any defect in or lack of such capacity to so act and release said releases behalf of both of the undersigned.

MISCELLANEOUS

The Waiver and Release Form shall be construed in accordance with and subject to the laws of the State of Colorado. If any paragraph, section, sentence, clause, or phrase contained in this Waiver and Release Form becomes or is held by a court of competent jurisdiction to be illegal, null, or void or against public policy, the remaining paragraphs, sections, sentences, clauses, or phrases contained in this Waiver and Release Form shall not be affected thereby.

Participant's Name (Please Print)

Participant's Signature

Date

(If Applicant Is under Age of Majority in his/her home state, the Parent(s) or Guardian(s) must execute the following Waiver in addition to the above)

Team Name

This is to certify on this date that I, as parent/guardian of _____, participating in this competition, give my consent to USA Swimming and its medical representatives to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned athlete for injury that could arise from activities in this competition. I further consent to the random drug testing of the above-mentioned athlete during the competition and for the twelve (12) month period following the competition, to the disclosure of test results, and to the other terms and conditions set forth in the paragraph above entitled DRUG TESTING.

Parent/Guardian Signature

Relationship

Parent/Guardian Name (please print)

Date



CONCUSSION INFORMATION SHEET

Dear Parent/Guardian and Athletes,

This information sheet is provided to assist you and your child in recognizing the signs and symptoms of a concussion. Every athlete is different and responds to a brain injury differently, so seek medical attention if you suspect your child has a concussion. Once a concussion occurs, it is very important your athlete return to normal activities slowly, so he/she does not do more damage to his/her brain.

What is a Concussion?

A concussion is an injury to the brain that may be caused by a blow, bump, or jolt to the head. Concussions may also happen after a fall or hit that jars the brain. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his/her head directly. Concussions can range from mild to severe.

Signs and Symptoms of a Concussion

Athletes do not have to be “knocked out” to have a concussion. In fact, less than 1 out of 10 concussions result in loss of consciousness. Concussion symptoms can develop right away or up to 48 hours after the injury. Ignoring any signs or symptoms of a concussion puts your child’s health at risk!

Signs Observed by Coaches, Officials, Parents or Guardians

- ☐ Appears dazed, stunned or confused
- ☐ Unsure about event, location of name of meet
- ☐ Moves clumsily
- ☐ Answers questions slowly
- ☐ Loses consciousness (even briefly)
- ☐ Shows behavior or personality changes – irritability, sadness, nervousness, emotional
- ☐ Can’t recall events before or after incident

Symptoms Reported by Athlete

- ☐ Any headache or “pressure” in head - how badly it hurts does not matter
- ☐ Nausea or vomiting
- ☐ Balance problems or dizziness
- ☐ Double or blurry vision
- ☐ Sensitivity to light and/or noise
- ☐ Feeling sluggish, hazy, foggy or groggy
- ☐ Concentration or memory problems
- ☐ Confusion
- ☐ Does not “feel right”
- ☐ Trouble falling asleep
- ☐ Sleeping more or less than usual

Be Honest

Encourage your athlete to be honest with you, his/her coach and your health care provider about his/her symptoms. Many young athletes get caught up in the moment and/or feel pressured to return to sports before they are ready. It is better to miss practice or meets than the entire season... or risk permanent damage!

Seek Medical Attention Right Away

Seeking medical attention on the day of the event is an important first step if you suspect or are told your swimmer has a concussion. A qualified health care professional will be able to determine how serious the concussion is and when it is safe for your child to return to sports and other daily activities:

- ☐ No athlete should return to activity on the same day he/she gets a concussion
- ☐ No athlete may return to training, regardless of sport, until he/she is cleared by a health care professional with a note specifying clearance. Athletes should NEVER return to the pool if they still have ANY symptoms..... in case an athlete returns with a note and then during the practice complains of a headache or other symptoms
- ☐ Parents and coaches should never pressure any athlete to return to play

The Dangers of Returning Too Soon

Returning to the pool too early may cause Second Impact Syndrome (SIS) or Post-Concussion Syndrome (PCS). SIS occurs when a second blow to the head happens before an athlete has completely recovered from a concussion. This second impact causes the brain to swell, possibly resulting in brain damage, paralysis, and even death. PCS can occur after a second impact. PCS can result in permanent, long-term concussion symptoms. The risk of SIS and PCS is the reason why no athlete should be allowed to participate in any physical activity before they are cleared by a qualified health care professional.

Recovery

A concussion can affect school, work, and sports. Along with coaches and teachers, the school nurse, athletic trainer, employer, and other school administrators should be aware of the athlete's injury and their roles in helping the child recover. During the recovery time after a concussion, physical and mental rest is required. A concussion upsets the way the brain normally works and causes it to work longer and harder to complete even simple tasks. Activities that require concentration and focus may make symptoms worse and cause the brain to heal slower. Studies show that children's brains take several weeks to heal following a concussion.

Returning to Daily Activities

1. Be sure your child gets plenty of rest and enough sleep at night – no late nights. Keep the same bedtime weekdays and weekends.
2. Encourage daytime naps or rest breaks when your child feels tired or worn-out.
3. Limit your child's activities that require a lot of thinking or concentration (including social activities, homework, video games, texting, computer, driving, job-related activities, movies, parties). These activities can slow the brain's recovery.
4. Limit your child's physical activity, especially those activities where another injury or blow to the head may occur.
5. Have your qualified health care professional check your child's symptoms at different times to help guide recovery.

Returning to School

1. Your athlete may need to initially return to school on a limited basis, for example for only half-days, at first. This should be done under the supervision of a qualified health care professional.
2. Inform teacher(s), school counselor or administrator(s) about the injury and symptoms. School personnel should be instructed to watch for:
 - a. Increased problems paying attention.
 - b. Increased problems remembering or learning new information.
 - c. Longer time needed to complete tasks or assignments.
 - d. Greater irritability and decreased ability to cope with stress.
 - e. Symptoms worsen (headache, tiredness) when doing schoolwork.
3. Be sure your child takes multiple breaks during study time and watch for worsening of symptoms.
4. If your child is still having concussion symptoms, he/she may need extra help with school-related activities. As the symptoms decrease during recovery, the extra help can be removed gradually.

Returning to the Pool

1. Returning to the pool is specific for each person. As an example, California law requires written permission from a health care provider before an athlete can return to play. Follow instructions and guidance provided by a health care professional. It is important that you, your child and your child's coach follow these instructions carefully.
2. Your child should NEVER be on deck, practice, or participate in competition if he/she still has ANY symptoms. (Be sure that your child does not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration).
3. Be sure that the athletic trainer, coach and physical education teacher are aware of your child's injury and symptoms.
4. Your athlete should complete a step-by-step exercise-based progression, under the direction of a qualified healthcare professional.

Resources:

Insurance - USA Swimming provides an excess accident medical insurance policy for USA Swimming members while participating or volunteering in a USA Swimming sponsored or sanctioned event. Details of the insurance coverage are on the USA Swimming website under Insurance and Risk Management.

Centers for Disease Control and Prevention - www.cdc.gov/Concussion

Zurich Concussion Conference (2012) - Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012.
<http://bjsm.bmj.com/content/47/5/250.full>

ODH Violence and Injury Prevention Program - www.healthyohioprogram.org/concussion

National Federation of State High School Associations - www.nfhs.org – Index concussions and see “A parent’s guide to concussion in sports”.