



Release of All Claims

Because participation in Central Ohio Aquatics (COA) involves physical activity with risk of personal injury or damage to property, we require participants to execute this Release Form.

1. In consideration of and as a condition of being granted the opportunity to participate in this voluntary activity, I do hereby release and forever discharge all trustees, officers, employees and agents of COA and its facility hosts who arranged, advised, or supervised any function of this activity for myself and my heirs, executors, administrators, and assigns from all claims demands, actions, and causes of action for personal injury or any other damage now existing or which may arise out of or be in any way related to their negligence or other conduct associated with this activity.

2. I do hereby also agree to acquire – prior to participation in this activity and maintain in force during the period in which the participant will be engaged in this activity – a policy of health and accident insurance covering hospitalization and treatment for any injuries sustained as a result of such activity. Such insurance shall be through an insurance company authorized and licensed to do business within the State of Ohio and shall provide coverage sufficient for the risks presented by this activity.

3. I do hereby grant permission for COA and those acting pursuant to its authority to record, use, exhibit and/or distribute video, photographic, digital or electronic images of the participant without compensation for any purpose which COA deems appropriate, including promotional or advertising efforts.

I HAVE READ AND DO FULLY UNDERSTAND AND AGREE TO BE BOUND BY ALL OF THE ABOVE PROVISIONS

Dated: _____, 202__

Signature of Participant (if 18 years of age or older) or Parent/Guardian

Printed Name of Participant