

Swim Team Waiver Form

I, as a parent or guardian of my minor child/children, named below, do hereby give permission for them to participate as a member and swimmer on the California Dolphin Swim Team, Inc. ("Team"), which will be utilizing the Fremont/Union City unified school district ("Association") aquatic facilities consisting of its bathhouse, main pool, deck and parking lot ("Facilities"). As part of my child's /children's participation on the Team, and in exchange for allowing my child/children, as a member and swimmer on the Team to use the Facilities, I hereby assume all risk and agree to accept full responsibility and liability for any damages or injuries I or my dependent child/children may cause or suffer arising out of participation on the Team or as a result of or arising out of the use of the Facilities.

I hereby agree to be fully liable for and hereby agree to waive and release the Association, its Board of Directors, officers, employees, agents and members from any and all injuries, costs, damages, causes of action, claims, direct or indirect, and any consequential and incidental damages arising out of or resulting from any injury, death, or damage to property which I or my dependent child or children may sustain as a result of or arising out of participation on the Team or as a result of or arising out of the use of the Facilities. I hereby agree to waive any and all claims that I may have, either directly or indirectly, against the Association, its Board of Directors, officers, employees, agents and members as result of any and all injuries or loss to my dependant or damage to property of my dependant in relation to his or her participation on the Team or arising out of the use of the Facilities.

I further agree to indemnify, reimburse, and forever hold harmless the Association, its Board of Directors, officers, employees, agents and members from any and all injuries, costs, damages, causes of action, claims and any consequential and incidental damages arising out of or resulting from any injury, death, or damage to property which I or my dependent may sustain or cause as a result of participation on the Team or as a result of or arising out of the use of the Facilities.

I am aware of the risks associated with participation on the Team and the use of the Facilities and hereby accept and assume on behalf of myself or dependent child/children full responsibility for any and all such risks, including, without limitation, the need to check with a physician before engaging in the activity.

I further acknowledge and agree that my child/children are covered under a health insurance policy or other medical or health coverage and that that policy or coverage will be considered primary coverage for any and all purposes in the event of a covered injury or loss.

Date _____ Participating Child/Children

Date _____ Parent or Legal Guardian

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