Carson Tigersharks Swimmer Information

First Name_____Last Name_____ Middle Initial_____

Preferred Name or Nickname_____

Address_____City_____St_____Zip_____

Date of Birth_____Age_____Gender: M___F___School_____

Father:_____

Mailing Address_____

City_____State_____Zip_____

Contact Phone Numbers_____

Email Address_____

Mother:_____

Mailing Address_____

City_____State_____Zip_____

Contact Phone Numbers_____

Email Address_____

Guardian:_____

Mailing Address_____

City_____State_____Zip_____

Contact Phone Numbers_____

Email Address_____

Swimmer Health Information:

Physical Disabilities: Y____N____ Chronic Health Problems: Y____N____

Allergies: Y____N____ Regular Medications: Y____N____

Please explain any YES answers and anything else you would like us to know about your child's health conditions or history_____

_____

Name & Number of Emergency Contact: _____

CHOOSE: M/W OR T/TH (8/25)

Waiver and Release of Liability

Please read carefully before signing.

This is a release of liability and a waiver of certain legal rights that must be completed BEFORE you are allowed to participate as a Carson Tigersharks Swimmer.

I, _____, the enrolled participant, and/or the parent/guardian of the enrolled participant if the enrolled participant is a minor, fully understand that swimming is a **HAZARDOUS** activity and unforeseeable risks that cannot be eliminated are an inherent part of the sport of swimming. I understand that such risks may include paralyzing injuries and death. These risks may be caused by The Carson Tigersharks or any of its coaches, officers, directors, agents and employees ("the Tigersharks") or Carson City or any of its officials, officers, directors, agents and employees ("Carson City"). **I have carefully read this paragraph and acknowledge that my participation in the Tigersharks is completely voluntary and that I knowingly assume all risks.**

The participant hereby agrees to participate in the League, the Year-Round Club or the Master's team. On behalf of the participant, I hereby agree to (a) **indemnify, defend and hold harmless** the Tigersharks and Carson City from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including, without limitation, attorney's fees, resulting from my conduct as a participant in the Tigersharks; and (b) **release, waive, discharge** the Tigersharks and Carson City from liability and from **any and all claims, including, without limitation, the negligence of the Tigersharks or Carson City, course instructors or any other course participants**, resulting in property damage or personal injury, accident, illness or death arising from my participation in the Tigersharks.

I authorize any representative of the Tigersharks to have the participant treated in any medical emergency during their participation in the League, the High School Development or the Master's team. I agree to pay all costs associates with the medical care and transportation for the participant. ***I have noted on the back of this form any of the participant's medical or health problems of which the Tigersharks should be aware.***

I HAVE READ THE ABOVE WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT AND I FULLY UNDERSTAND ITS TERMS AND CONDITIONS. I ACKNOWLEDGE THAT I AM SIGNING THIS AGREEMENT FREELY AND VOLUNTARILY AND INTEND BY MY SIGNATURE FOR THIS DOCUMENT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ANY AND ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signed: _____ _____

Participant or Parent/Guardian — Date

Signed: _____ _____

Participant or Parent/Guardian — Date

Rev. 8/25