

# RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of participation for the persons (herein referred to as "swimmers") named below in the Walnut Country Swim Team.

1. The undersigned parent or legal guardian HERBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOTTO SUE the Walnut Country Swim Team, coaching staff, Cowell Home Owners Association and leases of the property and each of their officers and employees all for the purpose (herein referred to as "releases"), from all liability to the undersigned, his personal representative, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefor on account of injury to the person or property resulting to the swimmers named below whether caused by the negligence of the releases, or otherwise while the swimmers named below are involved or participating in any swim clinic purpose or activity on or off the property.
2. The undersigned parent or legal guardian HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS the releases and each of them from any loss, liability damage, or cost they may incur while theswimmers named below are involved or participating in any swim clinic purpose or activity on or off of the property whether caused by the negligence of the releases or otherwise.
3. The undersigned parent or legal guardian HERBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OFBODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of releases or otherwise while the swimmers named below are involved or participation in any swim clinic purpose or activity on or off the property.
4. The undersigned parent or legal guardian HERBY GRANTS PERMISSION for images of the swimmers named below, captured during regular and special swim activities through video, photo and digital camera, to be used solely for the purposes of clinic promotional material and publications or instruction and critique, and waive any rights of compensation or ownership thereto.

The undersigned parent or legal guardian expressly acknowledges and agrees that competitive swimming and diving are activities in which there are substantial risks of head and neck injuries or drowning etc., all of which involves the risk of serious injury and or death and or property damages. The undersigned parent or legal guardian further expressly agrees that the foregoing release waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effort.

The UNDERSIGNED PARENT OR LEGAL GUARDIAN HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

**List all swimmers and sign:**

1. \_\_\_\_\_  
Swimmer's Name

2. \_\_\_\_\_  
Swimmer's Name

3. \_\_\_\_\_  
Swimmer's Name

4. \_\_\_\_\_  
Swimmer's Name

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# WALNUT COUNTRY SWIM TEAM 2023 YOUTH SPORTS SWIMMERS' CODE OF CONDUCT

## Preamble

The essential elements of character building and ethics in sports are embodied in the concept of Sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, citizenship. The highest potential of sports is achieved when competition reflects these 6 core principles of sportsmanship.

I therefore agree:

1. I will always give my best effort in any competition or practice.
2. I will be at practice on time if at all possible. While at practice, I will listen to and follow the instructions of the coaches. I will not interrupt practice or distract the coaches from performing their duties.
3. I will follow all facility rules and the instructions of any official, such as pool lifeguards.
4. I will always encourage and never ridicule my teammates or fellow competitors.
5. I will always conduct myself with the highest degree of sportsmanship by demonstrating positive support for all swimmers, officials and coaches.
6. I will not engage in any behaviors or practices that would endanger the health and well-being of anyone including myself.
7. I will always play by the rules and resolve conflicts without resorting to hostility or violence.
8. I will treat other swimmers, coaches, officials and spectators fairly and with respect regardless of race, creed, color, sex or ability.
9. I will respect the officials and their authority during meets.
10. I will refrain from the use of tobacco, alcohol or illegal drugs at any time.
11. Any violation of this code may result in, but not be limited to, the following consequences:
  - I may be sent home from practice and not allowed to return until my parents discuss my issues with the head coach.
  - I may be suspended from all practices and meets, and I will not be allowed to re-join the team until my parents discuss my issues with the board and issue a written request for my return to the team.
  - I may be dismissed from the team.

Consequences may be enforced by the Head Coach and the board, based upon the severity of the infraction.

I have read and I understand the code of conduct.

## List all swimmers and sign:

1. \_\_\_\_\_  
Swimmer's Name

2. \_\_\_\_\_  
Swimmer's Name

3. \_\_\_\_\_  
Swimmer's Name

4. \_\_\_\_\_  
Swimmer's Name

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# WCST Swimmer Emergency Card

EVERY SWIMMER MUST COMPLETE THIS FORM TO PARTICIPATE ON THE WCST 2023 SWIM TEAM

**Family's Last Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_  
Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**Father/Guardian's Full Name** \_\_\_\_\_  
Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Wk Phone \_\_\_\_\_ Hm Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Mother/Guardian's Full Name** \_\_\_\_\_  
Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Wk Phone \_\_\_\_\_ Hm Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

EMERGENCY CONTACTS: Tell us who we should call 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup>:

Name	Relationship	Phone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Preferred Hospital** \_\_\_\_\_

**Swimmer Name #1** \_\_\_\_\_ Birth Date \_\_\_\_\_  
Insurance \_\_\_\_\_ Medical # \_\_\_\_\_  
Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Allergies \_\_\_\_\_  
Other Information \_\_\_\_\_

**Swimmer Name #2** \_\_\_\_\_ Birth Date \_\_\_\_\_  
Insurance \_\_\_\_\_ Medical # \_\_\_\_\_  
Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Allergies \_\_\_\_\_  
Other Information \_\_\_\_\_

**Swimmer Name #3** \_\_\_\_\_ Birth Date \_\_\_\_\_  
Insurance \_\_\_\_\_ Medical # \_\_\_\_\_  
Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Allergies \_\_\_\_\_  
Other Information \_\_\_\_\_

**Swimmer Name #4** \_\_\_\_\_ Birth Date \_\_\_\_\_  
Insurance \_\_\_\_\_ Medical # \_\_\_\_\_  
Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Allergies \_\_\_\_\_  
Other Information \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_