

Swim Team Participation Waiver

PLEASE READ CAREFULLY. THIS FORM RELEASES ALL CLAIMS. BY SIGNING, THE PARENT/GUARDIAN ASSUMES ALL RISKS OF PARTICIPATION AND WAIVES ALL CLAIMS FOR INJURIES AND DAMAGES/LOSS INCURRED AS A RESULT OF PARTICIPATION IN THIS ACTIVITY.

I understand the Hamlin POA is not affiliated with the Hamlin Plantation Swim Team in any manner except the POA has given certain privileges to the team to use the pool for team programs and activities. The POA is not responsible for the regulation or supervision of swim team coaches, volunteers or participating parent/guardians, programs and activities.

I understand that the above named swimmer(s) are swimming at their own risk and I certify that they are physically fit and adequately skilled for this program.

I certify that my child is medically qualified to participate with the Hamlin Plantation Swim Team. I waive and release all persons associated with the Hamlin Plantation Swim Team and any host team associated with the ECSL for all liability for any injuries and illness incurred while participating with the Hamlin Plantation Swim Team and the ECSL.

I hereby grant permission for emergency aid to be given to the above named in case of injury. If deemed necessary, I grant permission for the participant to be transported to the emergency room of a nearby hospital for treatment as deemed necessary by a physician.

I give permission for the swimmer to be photographed in conjunction with the team programs and activities for informational purposes and be printed in publications and social media.

I recognize and acknowledge that there are certain risks of injury inherent in the participation of this activity to include physical injury, damage to property, drowning and death. I further understand that it is impossible to guarantee the absolute safety of the above named swimmer(s), therefore I fully release and discharge and hold harmless the POA, its Board of Directors, Southern Community Services and each of their respective agents, employees, insurers, representatives, officers and successors from any and all claims caused by or arising out of the participation of the minor(s) in any swim team related activities at Hamlin Plantation.

I certify that I am the Parent / Guardian of the above- named minor swimmer(s) and that I have read and fully understand the above terms and conditions and voluntarily sign this agreement.