

MOUNTAIN HI SWIM LEAGUE

2025 REGISTRATION AND INSURANCE FORM

(PLEASE PRINT CLEARLY)

TEAM NAME: _____

DATE _____

Swimmer's Legal Name			Gender		Age By	Birth Date			Team
Last Name	Legal First Name	M.I.	M	F	6/1/25	MM	DD	YY	Fees

Note: If a swimmer does not have a middle initial, put in an asterisk*

Parent (Legal Guardian) Information

Mother's Name: _____ Email: _____

Phone: (H) _____ (W) _____ (C) _____

Address: _____

Father's Name: _____ Email: _____

Phone: (H) _____ (W) _____ (C) _____

Address: _____

Emergency Contact: _____ Phone: _____

INSURANCE WAIVER

In consideration of being allowed to participate in any way in the _____ (Swim Team Name) program, its related events and activities, I _____ (Name of Participant), the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES of others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participants. If, however, I observe any unusual significant hazard during my presence or participating, I will remove myself from participating and bring such to the attention of the team and league officials immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE _____ (Swim Team Name), their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the full extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

_____	_____	____/____/____
PARTICIPANT'S SIGNATURE*	AGE	DATE SIGNED
*(ONLY IF 18 YEARS OLD AT TIME OF REGISTRATION)		

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by the law.

_____	(____)_____	____/____/____
PARENT/GUARDIAN'S SIGNATURE	EMERGENCY PHONE	DATE SIGNED