



Liability Release:

*Preble County Stingrays Swim Team and
Preble County Stingrays Parents Organization*

I/we, the undersigned, being the parents/guardians of _____
Swimmer's Name

do hereby release, waive, discharge, and covenant not to sue The Preble County Stingrays Swim Team or its individual members acting in good faith and within the scope of their employment or official responsibilities. From any and all liability, claim, demand, action or right of action or whatever kind of nature, either in law or equity, arising from or by reason of any bodily injury or mental injury known or unknown including death resulting from or to result from participation in swim team and pre-conditioning. I/we hereby assume full responsibility for and risk of bodily injury, personal injury or mental injury or death due to my/our son/daughter/ward's participation in swim team activities on behalf of, or in the name of Preble County Stingrays Swim Team and Preble County Stingrays Parents Organization. I/we expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio or any other state in which said students may be injured and that if any portion of this release is held invalid, it is agreed that the balance shall, nevertheless, continue in full force and effect. I/we further state that I/we have carefully read the above release and know the contents of the same and sign this release of my/own free act.

PARENT/GUARDIAN: _____ DATE: _____

Videotaping & Photographing of Swimmers

We may use video to help in teaching swimmers to improve their swimming. Photographs may be posted on the team bulletin board, team website and/or the team's social media sites.

I GIVE permission to the Preble County Stingrays to videotape and/or photograph my child swimming and diving. I understand the video/photo may be used as stated above.

PARENT/GUARDIAN: _____ DATE: _____

OR

I DO NOT give permission to the Preble County Stingrays to videotape or photograph my child swimming and/or diving.

PARENT/GUARDIAN: _____ DATE: _____