Cross Plains Stingrays Swim Team

Insurance Waiver: In consideration of the opportunity to participate in this recreational program, I release the Village of Cross Plains and the Cross Plains Stingrays Swim Team, and its employees, officers and agents from all liability for any and all loss resulting from damage to my person, son, daughter or property, including death, which may result from participation in this recreational program, either within or outside the Village of Cross Plains. I further understand that 893.80 & 895.52 of Wisconsin State Statues define the limitations of the Village of Cross Plains as far as liability goes as it relates to recreational activities. All accidents are to be reported to the village office at once. However, accident reporting is not intended to imply any kind of liability on the part of the Village and the Cross Plains Stingrays Swim Team, its employees, officers or agents. I also hereby authorize emergency medical treatment for myself/ son/daughter by a licensed emergency health care provider. I have read the foregoing release and fully understand it. I also understand that as a parent member of the Cross Plains Stingrays Swim Team, I am a member of the Corporation and I have access to, and/or read the bylaws and agree to abide by them.

Print Name _____

Sign _____

Date _____

Emergency Name/Phone _____