PARTICIPANT/VOLUNTEER LIABILITY RELEASE AND INDEMNIFICATION FORM

I, the undersigned participant/volunteer, request to participate in all SSFAC activities for the duration of the active membership, including participant's/volunteer's family members and friends, sponsored by The South San Francisco Aquatic Club, all of which are hereinafter referred to as the "activity."

In consideration of the opportunity afforded the participant/volunteer to assist on a voluntary basis, the participant/volunteer waives any right or cause of action arising as a result of participation in said event from which any liability may or could accrue against The South San Francisco Aquatic Club, United States Swimming, Inc. dba USA Swimming, USA Swimming Local Swimming Committees, USA Swimming Member Clubs and USA Swimming Members (collectively, the "Released Parties"), including their respective officers, directors and employees.

The intent of this form is to be sure the participant(s)/volunteer(s) understand they are *not* covered by USA Swimming's accident insurance or workman's compensation insurance. If they are injured, they are responsible for their own medical expenses. They are also assuming the risk, and waiving claims arising from and agreeing not to sue Released Parties, as a result of any injury or damages they may suffer as a participant/volunteer. The participant/volunteer also agrees that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

RELEASE

I consent to my participation in the activity and acknowledge that I fully understand my participation may involve risk of serious injury or death, including losses which may result not only from my own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before the activity begins.

I certify that I am in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

Date:	**SSFAC Account Name:**
Print Participant's First & Last Name:	**Participant's Signature:**
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

******ALL PARTICIPANTS/VOLUNTEERS MUST SIGN THIS FORM IN-ORDER FOR THE SERVICE HOURS TO BE CREDITED TO THE ACCOUNT******