



PALMYRA
AQUATIC CLUB



New Swimmer Liability Form

By registering my child(ren) with the **Palmyra Aquatic Club**, I agree to participate (or allow my child(ren) and family members to participate) in the **Palmyra Aquatic Club**, and hereby release **Palmyra Aquatic Club**, its directors, officers, agents, coaches, and employees from liability for any injury that might occur to myself (or to my child(ren) and family members) while participating in the **Palmyra Aquatic Club** program, including travel to and from training sessions, swim meets or other scheduled team activities.

I agree to indemnify and hold harmless the above mentioned organizations and/or individuals, their agents and/or employees, against any and all liability for personal injury, including injuries resulting in death to me, my child(ren) and/or other family members, or damage to my property, the property to my child(ren) and/or other family members, or both, while I (or my child(ren) or family members) participating in the **Palmyra Aquatic Club** program.

Swimmer Name: _____

Male or Female

Birthdate: _____

Parent/Guardian Information:

Parent/Guardian Name: _____

Phone No.: _____

Address: _____

Email: _____

Insurance Information:

Insurance Co. _____

Policy No.: _____

Parent/Guardian Signature: _____

Date: _____