## **757swim**

## LIABILITY RELEASE AND INDEMNIFICATION FORM OF NON-MEMBER

I, the undersigned participant and parent, request voluntary participation for minor to participate in swimming related activities sponsored by 757swim, all of which are hereinafter referred to as the "activity."

I consent to my/minor's participation in the activity and acknowledge that the minor and I fully understand my/minor's participation may involve risk of serious injury or death, including losses which may result not only from my/minor's 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.

before the activity begins.		
757swim, and their members of its boal agents (collectively, the "Released Parti demands, losses, damages, and liabilities damage and/or injury, of any type, arising	cipant to participate in this event, I hereby rd of directors, officers, employees, volunt es"), of and from, and do discharge and is that Minor Participant may have or sustain gout of his or her participating in this USA Seld to be invalid the balance, notwithstanding	eers, other participants, and I waive, any and all claims, n with respect to any and all Swimming event. I also agree
(Print name of minor)	(Signature of minor)	(Date)
Released Parties, of and from, and do di liabilities that I may have or sustain with Minor Participant's participation in this agreement is held to be invalid the balanc I certify that my/minor is in good health activity. Furthermore, I agree to use r	coant to participate in this event, I hereby rescharge and waive, any and all claims, derespect to any and all damage and/or injuty 757swim Swimming event. I also agree, notwithstanding, shall continue in full force and have no physical condition that would may/minor's personal medical insurance as insent to emergency medical treatment in the	mands, losses, damages, and ury, of any type, arising from that if any portion of this ce and effect. d prevent participation in this a primary medical coverage
(Print name of Parent/Guardian)	(Signature of parent)	(Date)
any and all claims, demands, losses, dam to any damage and/or injury, of any t undersigned also agrees that this Release extends to all acts of negligence by the F	agrees to indemnify, save and hold harmle ages and liabilities for indemnities, contribu ype, arising from Minor Participant's parti e and Waiver of Liability, Assumption of Ri Releasee and is intended to be as broad and (s) is/are conducted and that if any portio	tion or otherwise with respect icipation in this event. The isk and Indemnity Agreement d inclusive as is permitted by

(Signature of parent)

(Date)

agreed that the balance shall, notwithstanding, continue in full legal force and effect.

(Print name of Parent/Guardian)