

## SUMMER BREAK SWIM TEAM WAIVER 2020

Swimmer's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE\*: \_\_\_\_\_ T-shirt Size: YM YL S M L

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### Medical Information and Emergency Contact:

Swimmer's Name: \_\_\_\_\_ Medical Condition? Yes / No

If Yes, Please Explain: \_\_\_\_\_

Swimmer's Name: \_\_\_\_\_ Medical Condition? Yes / No

If Yes, Please Explain: \_\_\_\_\_

Swimmer's Name: \_\_\_\_\_ Medical Condition? Yes / No

If Yes, Please Explain: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number: \_\_\_\_\_

### Liability Waiver

We the parents of \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

do hereby give our approval to our child's/children's participation in swimming and other activities of Summer Break Swim Team during the 2020 summer season. We assume all risks and hazards incidental to our child's/children's participation in the sport or other activity, including transportation to and from meets, practices, or other events. We hereby release, and agree to indemnify and save harmless Summer Break Swim Team, Summer Break Swim Club, LLC, Pyle's Pools, Inc. a/k/a Pyle's Pools, the coaches, swim moms and dads, other volunteers, lifeguards, any other participating or sponsoring organizations, and all employees, directors, officers, officials, members, successors and assigns, representatives, and agents of the foregoing released parties; from all claims, lawsuits, or actions of any kind including for any and all injuries, casualties, damage or losses incurred by us or resulting to our child(ren), by reason of participation in any activity sponsored by the Summer Break Swim Team, or use of the Summer Break Swim Club. We give permission for our child/children to participate in Summer Break Swim Team for the summer of 2020. I fully understand that my child(ren) is injured in any way, I will not hold Summer Break Swim Team, Summer Break Swim Club, LLC, Pyle's Pools, Inc., the coaches, swim moms and dads, and any other participating or sponsoring organizations and all employees, officials, representatives and agents of such organizations or persons responsible.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name Printed \_\_\_\_\_ Relationship to Child \_\_\_\_\_

E-mail: \_\_\_\_\_ Home or Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2020 Pool Member (circle one): yes no

*For office use only:* Cash \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_