2018 Swim Team Liability and Medical Release Please print all information except signature

Swimmer's Name(s), First, Last and Middle Name	
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Name of Parents/Guardians:		
Address:		
Phone Numbers (ho	ome, work, cell):	
Club swim team ("Swisswimmers to represent by the rules and regregarding use of the Team participants and undersigned is aware participate on the Swassociated with participate activities consideration of the Athemselves and anyone Country Club, Swim Team volunteers, drivemployees, members, arising directly or indicand transportation to future claims, whethe	lease is to consent to and authorize participation on the Eagle's Landing im Team"). The Swim Team will train and teach competitive swimming at the Swim Team in competition. All Swim Team participants are required gulations of the Eagle's Landing Community Association, Inc. ("Associations of the Eagle's Landing Community Association, Inc. ("Associational facilities, including the Eagle's Landing clubhouse and poll spectators will be required to govern themselves in a sportsmanlike man that participation on any swim team is potentially hazardous. No on im Team unless he or she is medically able. The undersigned assumes ipation on the Swim Team including, but not limited to, death or injust and transportation to and from such activities. Having read this respectively of the entitled to act on their behalf, release Advanced Aquatics, LLC, Eagle's ream sponsors, Swim Team organizers, Swim Team instructors and coach ters for Swim Team events and their affiliates, officers, directors, shart agents, representatives, and successors from all claims or liabilities of irectly out of any act, omission or negligence relating to Swim Team part and from any Swim Team related activity. This release applies to prove known or unknown, and whether foreseen or unforeseen. This release released pursuant to the release, even though some of such persons on the inthis release. Signatures:	and allowed to abide ociation") ool. Swim nner. The ne should all risks ury from elease, in gned, for a Landing nes, Swim reholders, any kind ticipation esent and ease shall
	Parent/Guardian (signature required) Date:	
	Swimmer (signature requested) Date:	