

Swim And Dive Team Waiver

SWIM & DIVE Team Members Must Complete This Form

**Tri-County Swimming Pool Association Permission
to Participate and Liability Release**

I, _____, the participant (or parents(s)/guardian(s) of the participant), agree to participate (or allow my child(ren) and family members to participate) in the TRI-COUNTY SWIMMING POOL ASSOCIATION (“TCSPA”) Swim Program as a member of the COVERED BRIDGE SWIM CLUB swim team, and hereby release TCPSA, its officers and/or representatives, Covered Bridge Swim Club, its staff, agents and/or employees from liability for any injury that might occur to myself (or to my child(ren) and family members) while participating in the TCSPA swim program, including travel to and from training sessions or other scheduled 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 program.

I agree to reimburse the above parties for any damages they are compelled to pay arising from any such claims, demand, action or cause action by myself or my child(ren) and/or family members.

I have noted on the bottom of this form any medical history or problems of which the staff should be aware that would or could affect training and or competition.

SIGNED _____ **DATE** _____

Medical History _____

