



**RELEASE:**

**PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.**

I, \_\_\_\_\_, the enrolled participant and/or the parent/guardian of the \_\_\_\_\_ (parent's/guardian's name) participant, agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming. The participant hereby agrees to participate in the **AQUA GEMS SWIMMING( AGS)** program and hereby agrees to indemnify and hold harmless its coaches, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in **AGS** swim activities (including but not limited to practice, meets, dry land training, etc). The participant also agrees to indemnify Aqua Gems Swimming, Coaches and Board of Directors for any damages incurred arising from any claims, demand, action or cause of action by the participant. The participant authorizes any representatives of Aqua Gems Swimming to have the participant treated in any medical emergency during their participation in the Swim program's activities. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant. I have signed the medical form and indicated any and all medical/health problems of which the staff should be aware.

**I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant or Parent/Guardian)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant or Parent/Guardian)

Printed Name of Emergency Contact: (1) \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Printed Name of Emergency Contact: (2) \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Printed Name of Emergency Contact: (3) \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please note that each Swimmer is to be registered with US Swimming which includes secondary insurance coverage for each swimmer. Any incident regarding injury during a scheduled team activity needs to be brought to the attention of the coaching staff IMMEDIATELY and followed up in writing within 24 hours to the Board of Directors. In addition any injury that occurs outside of the Team activities that alters the medical condition of the swimmer must be brought to the attention of the coaching staff and the Board of Directors in writing.**

I, \_\_\_\_\_, as the legal parent/guardian of the registered child, agrees to pay all tuition, dues, fees, and expenses related to his/her participation in Aqua Gems Swimming.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date