

Last Name: _____

Waiver/Release of Liability

**Please read carefully before signing.
This is a release of liability and waiver of certain legal rights.**

I, _____, the parent/guardian of the participant, understand that swimming is a HAZARDOUS activity. I recognize there are risks inherent to the sport of swimming, including, but not limited to, paralyzing injuries and death.

The undersigned hereby agrees to his or her minor child's participation on the Forest Area Swim Team and hereby agrees to indemnify and hold harmless (1) the Forest Area Swim Team, its coaches, officers, directors, agents, and employees; (2) the Community Homeowners Association of Lake Forest, Inc., its officers, directors, agents, and employees; (3) the Forest Creek Homeowners' Association, Inc., its officers, directors, agents, and employees; and (4) FC III Homeowners' Association, Inc., its officers, directors, agents and employees for any damages (including attorneys fees) that relate to, in whole or in part, the participant's participation in the Forest Creek Area Swim Association.

The undersigned authorizes any representative of the Forest Creek Area Swim Association to have the participant treated in any medical emergency during his or her participation on the Forest Area Swim Team. Further, the undersigned agrees to pay all costs associated with medical care and the transportation for the participant.

I have noted below any medical/health problems of which staff should be aware.

I have carefully read the above liability release and sign it with full knowledge of its contents and significance.

Signature of Parent or Guardian

Date

Participant's (Swimmer's) Medical Information

Swimmer's Name: _____

Name of Parent or Legal Guardian: _____

Home Phone: _____ Business/Cell Phone: _____

Address: _____
(street) (city) (zip)

Emergency Contact: _____

Home/Cell Phone: _____ Relation to Participant(s): _____
Physician's Name: _____ Phone: _____

Identify any medical condition or allergies: _____

