

Waiver/Release of Liability

Lantern Ridge Swim and Racquet Club

Please read carefully before signing.

This is a release of liability and waiver of certain legal rights.

I, _____, the participant and/or parent/guardian of the above named individual(s), agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to paralyzing injuries and death.

The participant and/or parent/guardian hereby agree to participate in the Lantern Ridge Swim and Racquet Club/swim team and hereby agree to indemnify and hold harmless the Lantern Ridge Swim, and Racquet Club and the Spartanburg Summer Swim League, its directors, agents, employees, officers, and coaches against any liability resulting from any injury that may occur to the participant while participating in the Lantern Ridge Swim and Racquet Club and/or swim team. The participant and/or parent/guardian also agree to indemnify the Lantern Ridge Swim and Racquet Club for any damages incurred arising from any claims, demand, action or cause of action by the participant parent/guardian.

The participant and/or parent/guardian authorize any representative of the Lantern Ridge Swim and Racquet Club to have the participant treated in any medical emergency during their participation in any Lantern Ridge Swim and Racquet Club event, daily swim, swim meet, swim team practice, or team gathering. Further, the participant and/or parent/guardian agree to pay all costs associated with medical care and transportation for the participant.

I have noted on the bottom of this form any medical/health problems of which the staff should be aware.

I have carefully read the above application and LIABILITY RELEASE and sign it with full knowledge of its contents and significance.

Signed: _____ Date: _____

Printed Name: _____ Phone: _____

MEDICAL/HEALTH PROBLEMS OF WHICH THE STAFF SHOULD BE AWARE: (list on back)

Parent/guardian name (please print): _____

Relationship: _____

Contact number: _____

Secondary contact number: _____