

**Gwinnett County Swim League (GCSL)
2017 Liability Waiver & Release Form**

GCSL Member Team _____

Name of Participant _____

Age _____ Address _____

I desire to participate in the 2017 Gwinnett County Swim League, which includes but is not limited to my Member Team's activities such as practices, dual meets and the GCSL Championship Meet and related activities.

In consideration of my participation, I certify that I am in good health and have no physical or other impediment which would endanger me while participating in these activities and that I have been released and authorized by my doctor to participate in the activities of the swim league. I acknowledge and agree these activities have inherent risks. I have full knowledge of the nature and extent of all the risks associated with these activities that include serious injury and death. Swimming can result in serious injury and death from diving incidents, diving off of starting blocks, drowning, incidents with other swimmers, falls on deck etc....These incidents can lead to serious injury, head injuries, paralysis and death. I knowingly and freely assume all such risks.

In consideration of my participation in these activities, I hereby (on behalf of myself, my legal representatives, parents, heirs, executors, administrators, and assigns) release and forever discharge the Gwinnett County Swim League, Inc. including its officers, directors, volunteers, employees, agents etc...and the Member Teams (and their respective officers, directors, agents, employees and volunteers) from and relinquish and forever waive, any and all claims and causes of action arising out of my participation in the league for negligence, gross negligence, and such other actionable conduct resulting in personal or bodily injury, property damage or death.

Participant Signature/Parent's signature if a minor:

Printed name: _____

Date ____/____/_____

2017 Athlete/Parent Concussion Awareness Form

DANGERS OF CONCUSSION

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor “ding” to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death.

Athlete and parental education in this area is crucial—that is the reason for this document. Refer to it regularly. This form must be signed by a parent or guardian of each swimmer who wishes to participate in GCSL activities. One copy needs to be returned to your team’s Primary Council, and one retained at home.

COMMON SIGNS AND SYMPTOMS OF CONCUSSION

- Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness
- Nausea or vomiting
- Blurred vision, sensitivity to light and sounds
- Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings or assignments
- Unexplained changes in behavior and personality
- Loss of consciousness (NOTE: This does not occur in all concussion episodes.)

The following is a link to Heads Up, the online concussion awareness and safety recognition program offered by the Centers for Disease Control and Prevention. Please visit the site and explore the program.

http://www.cdc.gov/concussion/HeadsUp/online_training.html

I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT. I HAVE REVIEWED THIS INFORMATION WITH MY CHILD.

SIGNED: _____

(Parent or Guardian)

DATE: _____

ATHLETE’S NAME: _____