

# TSA CHAMPIONSHIP SWIM MEET

July 20-21, 2019

## WAIVER/RELEASE OF LIABILITY

*PLEASE READ CAREFULLY BEFORE SIGNING.*

*THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.*

I, \_\_\_\_\_ the enrolled participant (if 18 or over) and/or the **parent/guardian** of the participant 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 hereby agrees to participate in the Tarheel Swimming Association Championship Swim Meet and hereby agrees to indemnify and hold harmless Tarheel Swimming Association (TSA) and Triangle Aquatic Center (TAC), their officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in the swim meet. The participant also agrees to indemnify TSA and TAC for any damages incurred arising from any claims, demand, action or cause of action by the participant.

The participant authorizes any representative of TSA or TAC to have the participant treated in any medical emergency during their participation in the TSA Championship Swim Meet. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

I have noted below any 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.**

Participant's  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
(Please Print Clearly)

TSA Team: \_\_\_\_\_ AGE: \_\_\_\_\_

USA Registered swimmer: YES NO (Please circle)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant or Parent/Guardian if under 18)

Print Parent Name: \_\_\_\_\_  
(Please Print Clearly)

List any Medical/Health problems: \_\_\_\_\_

**All participants MUST sign this AGREEMENT TO PARTICIPATE!**