

# Durant Trails Typhoons Swim Association Liability and Medical Waiver 2019

## Durant Trails Typhoons

Durant Trails Typhoons is a North Carolina non-profit corporation established for the purpose of benefitting residents of the Durant Trails neighborhood by providing swim education and swim team opportunities for children ages 5 to 18.

## Liability Waiver

By registering my child(ren) with the Durant Trails Typhoons, I agree to participate (or allow my child(ren) and family members to participate) in the Durant Trails Typhoons, and hereby release Durant Trails Typhoons, its directors, officers, agents, coaches, and employees from liability for any injury that might occur to myself, my child(ren), my family members, and guests while participating in or supporting the Durant Trails Typhoons program, including travel to and from training sessions, swim meets or other scheduled team activities, or while attending any Durant Trails Typhoons function.

I agree to indemnify and hold harmless the above mentioned organizations and/or individuals, their agents and/or employees, against any and all liability for personal injury, including injuries resulting in death to me, my child(ren) and/or other family members, or damage to my property, the property of my child(ren) and/or other my family members, or both, while I, my child(ren), my family members or guests are participating in or supporting the Durant Trails Typhoons program.

## Medical Release Waiver

I certify that I am the parent or legal guardian for my child(ren). I hereby give my permission for any supervisor, coach or other team administrator associated with the Durant Trails Typhoons to seek and give appropriate medical attention for our child(ren) in the event of accident, injury, or illness. I will be responsible for any and all costs associated with any necessary medical attention and/or treatment.

I hereby waive, release and forever discharge Durant Trails Typhoons and its agents, employees, supervisors, coaches or other team administrators from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during participation in Durant Trails Typhoons activities, whether or not damages or loss is due to negligence. I hereby acknowledge that my child(ren) is (are) physically fit and capable of participation in all Swim Team activities.

## Concussion Waiver

I agree to the determination of the Durant Trails Typhoons Swim Association Board of Directors, member director(s) or coaches if and when there is reason to believe my child may have or will soon develop a head concussion as a result of a fall or other physical event occurring during swim team activities, agree to suspend my child's participation, and agree to the organization's policy of requiring authorization from a medical physician to clear my child of any potential or diagnosed concussion before returning to team activities.

Swimmer Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Swimmer Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Swimmer Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Swimmer (if age 18 or older)

\_\_\_\_\_  
Date