

CHATTANOOGA AREA SWIM LEAGUE

Participant Registration and Release of Liability

Read Before Signing

Team Name _____ Transfer From (N/A if same team last year) _____

Participant's Name _____ Gender _____

Birth Date _____ Age (As of June 1) _____
Month / Day / Year

Parent's Name _____

Address _____

Telephone (home) _____ (work) _____

E Mail _____

I hereby verify that the information above is correct, and in consideration of _____ (swimmer) being allowed to participate in any way in the Chattanooga Area Swim League program, related events and activities (the CASL Programs"), the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in the CASL Programs is significant, including the potential for permanent disability and even death, and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury to the Swimmer does exist; and
2. On behalf of Swimmer, myself and spouse, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF RELEASEES or others, and assume full responsibility for the participation of Swimmer in the CASL Programs; and
3. On behalf of Swimmer, I willingly agree to comply with the states and customary terms and conditions for participation in the CASL Programs. If I observe any unusual significant concern in the readiness of Swimmer for participation or in the CASL Programs, I will remove Swimmer from participation and bring such to the attention of the nearest official immediately, and
4. On behalf of Swimmer, myself my spouse and our heirs, personal representatives and next of kin, I HEREBY RELEASE THE CHATTANOOGA AREA SWIM LEAGUE, its directors, officers, agents and/or employees, other participants sponsoring agencies, facility owners and lessor, sponsors and advertisers (the "Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to Swimmer's involvement or participation in the CASL Programs, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. On behalf of Swimmer, myself, my spouse and our heirs, personal representatives and next of kin, I HEREBY INDEMNIFY AND HOLD HARMLESS ALL THE ABOVE Releasees from any and all liabilities incident to Swimmer's involvement or participation in the CASL Programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS AND HAVE HAD ALL MY QUESTIONS FULLY ANSWERED, FULLY UNDERSTAND THAT I HAVE THE CHOICE OF NOT PARTICIPATING IN THE CASL PROGRAMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature of Parent/Guardian of Swimmer

Print Name

Date

Understanding of Risk: I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulations, and accept them as a participant. (OPTIONAL)

Swimmer's Signature

Print Swimmer's Name

Date

I verify that the parent above was given the opportunity to read the waiver above and that all his/her questions were answered before signing.

Team Representative Signature

Print Name