

# AUTHORIZATION AND RELEASE OF LIABILITY WAIVER

PLEASE READ CAREFULLY BEFORE SIGNING.  
THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

CHILD'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

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CHILD'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

PARENT/GUARDIAN NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ WORK/CELL PHONE #: \_\_\_\_\_

EMAIL ADDRESSES: \_\_\_\_\_

In operating the swim team program, the Capital City Summer League, the Shady Hollow Stingrays Swim Team Board of Directors and the Shady Hollow Homeowners Association take reasonable precautions to make activities safe. However, participation in the sport of swimming is a HAZARDOUS activity. The risks inherent to swimming include, but are not limited to paralyzing or long-term catastrophic injuries and death. Although serious injuries are uncommon to this program, risks remain and the staff can only minimize, not eliminate all risks. We require participants to obey all safety rules and instructions at all times. Although the coaches, lifeguards, Shady Hollow Stingrays Swim Team Board, and representatives of the Capital City Summer League will endeavor to act responsibly and with care, as condition of participation in the swim team program, participants are required to release representatives of the Capital City Summer League, the team Board of Directors, the Shady Hollow Homeowners Association, and all related staff thereof from claims and/or demands for losses to property, or for personal injuries to themselves or their children that may arise from ordinary negligence.

## AUTHORIZATION

I, the undersigned, hereby authorize the swim team coaches, the team Board of Directors, the Shady Hollow Homeowners Association, or representatives of the Capital City Summer League to consent to emergency medical and/or dental treatment while my child is participating in the swim team program. I understand that reasonable effort will be made to contact me should my child require emergency medical and/or dental treatment and that the team Board of Directors, or Shady Hollow Homeowners Association, or representatives of the Capital City Summer League may consent to necessary emergency treatment without notification if efforts to notify me could delay the provision of emergency care. Further, I agree to pay all costs associated with medical care and transportation for my child. I also agree to indemnify the Shady Hollow Homeowners Association and/or the Capital City Summer League for damages incurred from any claims, demand, action, or cause of action by my child. I also authorize the use of my child's name, photograph, and swimming results to be posted on the Shady Hollow Stingrays Swim Team and/or Capital City Summer League websites.

## RELEASE OF LIABILITY

I, the undersigned, further agree not to hold the Shady Hollow Stingrays Swim Team coaches, the Shady Hollow Swim Team Board of Directors, the Shady Hollow Homeowners Association, or the Capital City Summer League, its officers, employees, and agents liable for any and all claims and/or demands for property damage, and/or personal injury to myself and/or my child that may result from ordinary negligence.

*I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.*

Signed: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Parent or Guardian)

Signed: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Parent or Guardian)

FOR THE SOLE USE AND INTENDED PURPOSES OF THE SHADY HOLLOW SWIM TEAM ONLY.