***RELEASE OF CLAIMS/MEDICAL WAIVER***

***AND PROMISE NOT TO SUE***

**Name(s) of child(ren):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I herein certify that I am the parent and/or legal guardian for my child(ren). By registering my child(ren) with ***full team name* (team initials),** I voluntarily agree to participate and/or allow my child(ren) and/or family members to participate in the ***team initials*/Greater Columbus Swim League (**hereinafter referred to as **GCSL)/Central Ohio Swim Association (**hereinafter referred to as **COSA** and hereby assume all risks and hazards incidental to his/her participation. I acknowledge that my child(ren) is(are) physically fit and capable of participation in all swim team activities.

I hereby give permission for any supervisor, coach or other team administrator associated with ***team initials*/GCSL/COSA** to seek and give appropriate medical attention in the event of accident, illness or injury. I will be responsible for any and all costs associated with any necessary medical attention or treatment. I hereby waive, release and forever discharge ***team initials*/GCSL/COSA** and all other individuals associated with ***team initials*/GCSL/COSA** for rendered medical care, whether or not subsequent damage or loss ensue due to negligence.

I understand as a part of **GCSL/COSA**, my child(ren) will swim at other aquatic facilities including but not limited to the following facilities:

**Worthington (Swiminc, Inc.)**  **Northwest Swim Club**

**Jack Florance Pool at Mingo Park** **Westerville Jaycee Community Pool**

**Plain Township Aquatic Center Gahanna Swimming Pool**

**Highlands Park Aquatic Center**

I hereby release and absolve, indemnify and hold harmless each/every member organization that comprises the **GCSL/COSA**, including but not limited to the organizations listed above, their directors, officers, agents, coaches, sponsors, employees/service providers, volunteers, associated governmental entities and lessors from liability for any injury that might occur to myself (or my children or family members), from 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 family members, or both, while participating in the ***team initials*/GCSL/COSA** program, including travel to and from training sessions, swim meets or other scheduled team activities, whether or not loss is due to negligence.

Parent/Legal Guardian PRINT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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