

2018 Richmond Metropolitan Aquatic League (RMAL) REGISTRATION & WAIVER OF LIABILITY FORM

Parent: _____

Last Name
First Name State
Middle Name

Address: _____

Address
City
State
Zip

Swimmer: _____

Last
First
Middle
DOB

Swimmer: _____

Last
First
Middle
DOB

Swimmer: _____

Last
First
Middle
DOB

If swimmer(s) swims year-round for a USA Swimming team, enter team: _____

If swimmer(s) swam for a different summer team last year, enter team: _____

MEDICAL INFORMATION AND WAIVER

Any known medical conditions, allergies, etc.: _____

Insurance Co.: _____ Policy No.: _____

Family Physician: _____ Phone No.: _____

Emergency Contact: _____ Relationship: _____

Phone: (H) _____ (W) _____

The undersigned, as parent or legal guardian of the above-named swimmer(s), hereby gives permission for my child/children to participate in the aquatics program ("Summer Swim") sponsored by Richmond Metropolitan Aquatic League and [_____] (the "Sponsors"). I acknowledge that swimming can be physically rigorous and dangerous. It entails known and unanticipated risks which could result in physical or emotional injury, death, or damage to my child/children, or to property, or to third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activity. My child's or children's participation in this activity is purely voluntary, and I elect to allow them to participate in spite of the risks. *I agree to waive and release the Sponsors, their officers, employees and agents from any and all injuries, costs, damages, causes of action, claims, direct or indirect, and any consequential and incidental damages arising out of or resulting from any injury, death, or damage to property which I or my child or children may sustain as a result of or arising out of participation in Summer Swim. I agree to indemnify, save, and hold harmless the Sponsors, their officers, employees and agents from any and all injuries, costs, damages, causes of action, claims and any consequential and incidental damages arising out of or resulting from my child's/children's participation in Summer Swim.*

I declare and affirm that my child/children are in good medical and physical condition, and participation in Summer Swim does not pose any danger to the health of my child/children. I further acknowledge and agree that my child/children are covered under a health insurance policy or other medical or health coverage and that such policy or coverage will be considered primary coverage for any and all purposes in the event of a covered injury or loss. Unless otherwise communicated to [_____] , I further consent to medical treatment deemed necessary by swim coaches affiliated with [_____] , meet officials or medical personnel at meets in which my child/children participate(s).

I agree to abide by, and cause my child or children to abide by, the rules and regulations of RMAL and [_____] , as they now exist or may be amended at the reasonable discretion of the Sponsors.

I have read and understand the above and acknowledge my consent and agreement to the terms of this Waiver, Release and Indemnity for myself and my child/children. It is fraudulent for anyone other than a parent or legal guardian to sign.

Date: _____ Parent/Guardian Signature: _____

Date: _____ Swimmer Signature *if 18 years old*: _____