

Pool: \_\_\_\_\_ Time: \_\_\_\_\_

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

Additional Swimmers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **SEA DEVIL SWIM CLINIC WAIVER/RELEASE OF LIABILITY**

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

I, \_\_\_\_\_, the parent/guardian of the participant(s) agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death.

The participant hereby agrees to participate in The Capitol Sea Devils Swim Clinic Programs, a division of Sea Devil Swimming, and hereby agrees to indemnify and hold harmless The Capitol Sea Devils Swim Team and Sea Devils Swimming, its coaches, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in The Capitol Sea Devils Swim Clinic Programs. The participant also agrees to indemnify The Capitol Sea Devils Swim Team for any damages incurred arising from any claims, demand, action or cause of action by the participant.

The participant authorizes any representative of The Capitol Sea Devils Swim Team to have the participant treated in any medical emergency during their participation in The Capitol Sea Devils Swim Clinic Programs. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

I have noted on the back of this form any medical/health problems of which the staff should be aware.

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)