

Liability/Medical Release Form

Required liability/medical release form to be furnished by non-U.S. Swimming, Inc. members participating in a covered competition.

Instructions: All forms should be given to the athlete with sufficient time for him/her to read and digest its contents before signing, especially if the parent/guardian signature is needed as well.

If I am injured while participating in programs at all Worcester County Swim League (WCSL) teams, (1) I and my family agree to waive any legal claim against United States Swimming (USS), and those associated with USS, New England Swimming, and all WCSL teams; (2) I give consent for all WCSL teams to provide medical/athletic training attention, transportation and emergency medical services as warranted. If the program in which I am participating includes Physiological and/or Biomechanical evaluations, I further consent to these evaluations which pose no unusual risks and hazards when customary safeguards are observed.

If injured while traveling to or from all WCSL teams by public, private, or any other means of conveyance, I agree to waive any legal claims against USS, New England Swimming, and all WCSL teams. By signing this release, I swear that I am in good physical condition and I am not aware of any disease or injury that would result in my being injured during any program participation.

If I am less than 18 years of age or a minor under the laws of the state where I live, my parent or guardian shall sign this release with me.

I agree that I will not bring or possess alcoholic beverages, illegal drugs, or International Olympic Committee banned substances on the premises. I further understand and agree to abide by general rules of conduct prescribed for participants in this function and that violation may result in a denial of meet privileges.

Printed Name

Signature

Date

Signature of Parent or Guardian

Date

Street Address

City/State/Zip Code

Telephone