**2016 Swim Season**

**Informed Consent and Liability Waiver Form**

**1.  In consideration of gaining membership on the Lake Linganore Swim Team and being allowed to participate in the activities of the Lake Linganore Dolphins Swim Team, I/we do hereby waive, release and forever discharge, indemnify and hold harmless, the Lake Linganore Dolphin Swim Team, Lake Linganore Association, The Frederick Summer Swim League and it’s officers, agents, employees, representatives, and all others from any and all responsibility or liability for injuries or damages, including those caused by negligent act or omission of any of the foregoing persons or entities, arising out of , resulting from or in connection with my use of the Lake Linganore Association’s facilities and or equipment, and the Lake Linganore Dolphins Swim Team equipment or any participation in any Lake Linganore Dolphins Swim Team program.**

***Parent(s) or Legal Guardian (Please Initial)*            1.  \_\_\_\_\_\_\_\_\_       2. \_\_\_\_\_\_\_\_\_**

**2.  I understand that the participation in the Lake Linganore Dolphin Swim Team and the use of the Lake Linganore Association facilities and the Lake Linganore Swim team equipment is potentially hazardous.  I also understand that swimming involves a risk of injury and even death and that I am voluntarily participating in the Lake Linganore Swim Team programs and using the Lake Linganore Association facilities and Lake Linganore Dolphin Swim Team equipment.  I hereby agree to expressly assume and accept any and all risks of injury or death.**

***Parent(s) or Legal Guardian (Please Initial)*            1.  \_\_\_\_\_\_\_\_\_       2. \_\_\_\_\_\_\_\_\_**

**3. The Frederick Summer Swim League, its officers and/or members, are not to be held responsible for any loss of personal property, injuries, or bodily harm caused during the 2016 Swim Season.**

***Parent(s) or Legal Guardian (Please Initial)*            1.  \_\_\_\_\_\_\_\_\_       2. \_\_\_\_\_\_\_\_\_**

**4. I certify that the below named child(ren) is/are in good health and is/are capable of swimming at practice and meets.  I agree to hold harmless the Lake Linganore Swim Team, its coaches, and the Board of Directors for any injury, neglect, or losses.  I further understand and agree to the Lake Linganore Dolphin’s three (3) half-meet volunteer policy.**

***Parent(s) or Legal Guardian (Please initial)*    1. \_\_\_\_\_\_\_\_\_\_      2.\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 ADULT signature (if swimmer(s) is/are                          ADULT signature (if swimmer(s) is/are

 under the age of 18 years, this form must                         under the age of 18 years, this form must

 be signed by his/her parent or legal                                  be signed by his/her parent or legal

 guardian)                                                                           guardian)

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

 Child’s name (swimmer #1)                                         Child’s name (swimmer #4)

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

 Child’s name (swimmer #2)                                         Child’s name (swimmer #5)

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

 Child’s name (swimmer #3)                                         Child’s name (swimmer #6)