



SAIL Waiver and Release of Liability

WRL2006

In consideration of the work SAIL has done and will do to organize swim meets, and of the minor participant(s) listed below being allowed to participate in SAIL swim meets and related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) of the participant have the ability to inspect the facilities and equipment to be used at SAIL swim meets and related events and activities, and if the parent or guardian believes anything is unsafe, he or she should immediately advise supervisor (referee, lifeguard, etc.) of such condition(s) and refuse to allow participant to participate.
2. Acknowledge and fully understand that each participant will be engaging in SAIL swim meets and related events and activities, which involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from his/her own actions, inactions, or negligence but the action, inaction or negligence of others, or the condition of the premises or of any equipment used. Further, we understand there may be other risk not known to us or not reasonably foreseeable at this time.
3. Assume (for themselves and for the participant) all the foregoing risks and accept personal responsibility for the damages caused by such injury, permanent disability or death.
4. Release, waive and discharge SAIL and its Executive Board of Directors, its affiliated teams, their representatives, coaches, other members/participants, sponsoring agencies, sponsors and advertisers, all of which are hereinafter referred to as "Releasees" from any and all claims, demands, losses or damage to each of the undersigned (who sign for themselves and also on behalf of the minor participant, his or her heirs and next of kin) on account of injury including permanent disability and death, resulting from causes as described in paragraph #2 above, which causes may include, but are not limited to the negligence of the Releasees.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP MY AND THE PARTICIPANT'S SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Member/Participant Names

Name of Member/Participant	Name of Member/Participant
Name of Member/Participant	Name of Member/Participant
Name of Member/Participant	Name of Member/Participant

Parent/Guardian Information

Home Address (with city and zip)		
Home Phone	Work phone	Cell phone
Parent/Guardian Name		Parent/Guardian Relationship
Signature		Date