

## COR Swimming Association PO Box 835412 Richardson, Texas 75083-5412 www.corswim.org

## <u>Liability & Medical Release</u> <u>Waivers</u>

## **Medical Release Waiver**

**Print Name:** 

Signature:

I certify that I am the parent or legal guardian for my child(ren). I hereby give my permission for any supervisor, coach, instructor, lifeguard or other team administrator associated with the COR Swim Team to seek and give appropriate medical attention for our child(ren) in the event of accident, injury, illness. I will be responsible for any and all costs associated with any necessary medical attention and/or treatment.

I hereby waive, release and forever discharge COR Swim Team from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during participation in swim activities, whether or not damages or loss is due to negligence. I hereby acknowledge that my children is (are) physically fit and capable of participation in all swim activities.

Date:

<u>Liability Waiver</u>	
By requesting that my child(ren) swim with the COR Swim Techild(ren) and family members to participate) in the COR Swi Team, their officers, directors, employees, and agents, its di employees from liability for any injury or illness that might family members) while participating in the COR Swim Team, sessions, swim meets or other scheduled team activities.	im Team, and hereby release COR Swim rectors, officers, agents, coaches, and occur to myself (or to my child(ren) and
I agree to indemnify and hold harmless the above mentioned organizations and/or individuals, their agents and/or employees, against any and all liability for personal injury or illness, including injuries resulting in death to me, my child(ren) and/or other family members, or damage to my property, the property to my child(ren) and/or other family members, or both, while I (or my child(ren) or family members) participating in the COR Swim Team.	
Signature:[	Date:
Print Name:	