

**USA SWIMMING
LIABILITY / MEDICAL RELEASE FORM**

Required liability / medical release form to be furnished by non-USA Swimming 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 _____(Club),

(1) I and my family agree to waive any legal claim against USA Swimming (USA Swimming), and those associated with USA Swimming, Iowa Swimming, Inc. (LSC) and _____

_____(Club);

(2) I give consent for _____ (Club) to provide medical/athletic training attentions, 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 or hazards when customary safeguards are observed.

If injured while traveling to or from _____(Club) by public, private or any other means of conveyance, I agree to waive any legal claims against USA Swimming, Iowa Swimming, Inc. (LSC) and _____ (Club). 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 violations may result in a denial of meet privileges.

Printed Name

Signature

Date

Signature of Parent/Guardian

Date

Street Address

City

State

Zip

(_____) _____ - _____
Telephone

Send completed Liability / Medical Release form to:

Risk Management Services, Inc.

P. O. Box 32712

Phoenix, AZ 85064-2712

Or Fax to: (602) 274-9138

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