

Athletic Waiver
Liability / Medical Release
Athletic Conduct Statement

If I am injured while participating in the 23rd Annual LSC All-Star Age Group Invitational (All-Star Meet) on January 13-14th, 2007 at the Lawrence Indoor Aquatic Center:

1. I and my family agree to waive any legal claim against USA Swimming (USA-S) and Iowa Swimming, Inc. (ISI).

2. I give my consent to provide medical / athletic training attention, transportation and emergency medical services as warranted.

If I am injured while traveling to or from the All-Star Meet by public, private or any other means of conveyance, I agree to waive any legal claim against USA-S and ISI.

If I am less than 18 years or a minor under the law of the state where I live, my parents or guardian will sign this release with me.

I understand that as a registered member of ISI, I will not bring or possess alcoholic beverage, illegal drugs, or International Olympic Committee banned substances on any premises during this meet. I further understand and agree to abide by the general rules of conduct prescribed for athletes at the All-Star Meet and that violations may result in the denial of meet privileges.

DATE: _____

SIGNATURE OF SWIMMER _____

SIGNATURE OF PARENT/GUARDIAN: _____