

## Waiver, Release, Hold Harmless, and Indemnification Agreement

As Consideration for being allowed to enter the Northern Hemisphere 25 Yard World Championship meet, I the undersigned, on his or her behalf, and on the behalf of the Participant(s) identified below, acknowledges, appreciates, understands, and agrees to the following:

I represent that I am the parent or legal guardian of the Participant(s) named below or I have obtained permission from the parent/legal guardian of the Participant(s) named below to execute this agreement on their behalf. Athlete Name\_\_\_\_\_ Date of Birth\_\_\_\_\_ Athlete Name\_\_\_\_\_\_ Date of Birth\_\_\_\_\_ Athlete Name\_\_\_\_\_\_ Date of Birth\_\_\_\_\_ Athlete Name Date of Birth The athlete and his/her parent or guardian acknowledge and understand that there are risks associated with participation in swimming competitions. The athlete and his/her parent or guardian willingly assume the risks associated with participation and accept that there are also risks that may arise due to OTHER PARTICIPANTS which I also willingly assume. The athlete and his/her parent or quardian shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in events at Crawfish Aquatics. The athlete and his/her parent or quardian hereby and forever discharge any and all rights and claims for damages which we or either of us may hereafter have against Crawfish Aquatics, LLC, the coaches, meet directors, the respective officers, agents, representatives, successors and or assigns for any and all damages which may be sustained or suffered in connection with or participation in said meet. The undersigned parent and quardian does thereby represent he/she is in fact acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties herein referred to above and releases from all liability, loss, cost, claim, or damage whatsoever may be imposed upon said releasers because of any defect in or lack of such capacity to so act and release said releasers on behalf of the undersigned. Parent / Guardian Name (please print): Parent / Guardian Signature: \_\_\_\_\_\_\_Date: \_\_\_\_\_\_ \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Emergency Contact number: ( ) \_\_\_\_\_\_ or ( ) \_\_\_\_\_

E-mail address: