

PARTICIPANT WAIVER OF RESPONSIBILITY FORM

Name of Participant (PRINT)

I, the undersigned, by participating in Guthrie Center Swim Team understand and agree that such activity has certain inherent risks that can and do result in injury that can be serious, life limiting, and life threatening.

I understand that the team/City **DOES NOT** provide medical/dental insurance for the Guthrie Center Swim Team.

I, the undersigned, agree to release the Guthrie Center Swim Team and the City of Guthrie Center, its' elected officials, employees or volunteers from any and all claims resulting from any and all injuries sustained while participating in swim team except that arising out of the sole negligence of the Guthrie Center Swim Team or the City of Guthrie Center, its' elected officials, employees or volunteers.

Signature of Parent/Legal Guardian

Date Signed

NOTE: A signed participant waiver/emergency form must be on file at City Hall prior to entering the aquatic center either for swim team practice or a swim meet.