

****Complete one form for EACH swimmer****

**EMPIRE AQUATICS, INC. SWIM TEAM
"EMPIRE SWIMMING"**

LIABILITY RELEASE AND INDEMNIFICATION FORM

I, the undersigned participant and parent, request voluntary participation for minor to participate in all events, which are hereinafter referred to as the "activities." sponsored **Empire Aquatics, Inc. ("Empire Swimming")**, USA Swimming and its local swimming committees. This agreement is valid while the participant is a member of USA Swimming.

I consent to my/minor's participation in the activities and acknowledge that the minor and I fully understand my/minor's participation may involve risk of serious injury or death, including losses which may result not only from my/minor's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before any activities begins.

Release – Minor's Rights:

In consideration of allowing Minor Participant to participate in the activities, I hereby release and hold harmless **Empire Aquatics, Inc. ("Empire Swimming")**, USA Swimming and its local swimming committee and their members of its board of directors, officers, employees, volunteers, other participants, and agents (collectively, the "Released Parties"), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that Minor Participant may have or sustain with respect to any and all damage and/or injury, of any type, arising out of his or her participating in the activities. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

(Print name of minor)

(Signature of minor)

(Date)

Release – Parents'/Guardians' Rights:

In consideration of allowing Minor Participant to participate in this USA Swimming event, I hereby release and hold harmless the Released Parties, of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain with respect to any and all damage and/or injury, of any type, arising from Minor Participant's participation in the activities. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I certify that my/minor is in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my/minor's personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

(Print name of Parent/Guardian)

(Signature of parent)

(Date)

Indemnification by Parent/Guardian:

The undersigned parent/guardian further agrees to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising from Minor Participant's participation in the activities. The undersigned also agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releasee and is intended to be as broad and inclusive as is permitted by the laws of the State in which the Event(s) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

(Print name of Parent/Guardian)

(Signature of parent)

(Date)



**EMPIRE AQUATICS, INC.
45 MONTROSS STREET
WHITE PLAINS, NY 10603
www.empireswimming.com**

**Empire Aquatics, Inc.
Medical Release Form**

****Complete one form for EACH swimmer****

Swimmers Name: _____ Birthdate _____ Gender _____ Age _____

 Last First Middle

Address: _____ Home Phone _____

 # Street Zip

Parent or Guardian: _____ Work Phone _____

 Last First Middle

Address: _____

 # Street Zip

Emergency Contact: _____ Phone: _____

 Name Relationship to Swimmer

Allergies

Does swimmer have any allergies to Medications?(penicillin,sulfa, aspirin, etc.)

No
 Yes-Please List

Does swimmer have any other allergies?

No
 Yes-Please List

Medical History

Asthma High Blood Pressure Liver Condition
 Heart Condition Anemia Hernia
 Diabetes Lung Condition Swimmer's Ear/Ear Infections
 Epilepsy/Seizures Kidney Condition Headaches/Sinus
 Other-Please Explain

Date of last Tetanus Booster: _____

Please list any current or regular medications:

Does swimmer have history of any injuries or surgeries that could affect or be affected by swimming?

Shoulder Back Head Injury
 Neck Knee
 Other- Please Explain

Is swimmer currently undergoing physical therapy for an injury?

No
 Yes- Please Explain

Does swimmer wear any of the following?

Glasses Braces
 Contacts Retainer

Insurance: _____ Doctor: _____ Phone: _____

I, _____ give my permission for Empire Aquatics, Inc. coaching staff to seek treatment for my child, _____ in the event of an emergency. I do not hold Empire Aquatics, Inc. or the Empire Aquatics Swim Team responsible for any medical cost incurred from a medical emergency.

Signature of parent or legal guardian

MEDIA RELEASE

As part of the Empire Swim Team Operations, our staff will be updating our website and promotional materials including our swimmers' performances and may post photographs of our athletes. By signing below, athletes and parents are granting permission to use athletes photos and photos in which they may be included for the team website and promotional materials.

Athlete Signature: _____ Parent Signature: _____