



Waiver / Release of Liability

Please read carefully before signing. This is a release of liability and waiver of certain legal rights.

I, _____, the parent/guardian of the participant(s) and/or enrolled participant(s), agree and understand that swimming, diving and other water related activities are inherently dangerous and involve a certain level of risk of injury and that these risks and dangers exist while in the pool as well as in surrounding pool areas. I recognize and acknowledge that the risks inherent in the sport of swimming include but are not limited to physical injury, paralysis and death. I, as a participant or as the parent/guardian of the participant(s), hereby accept and assume the risk associated with swimming pool activities, including, but without limitation, swimming, swim lessons, lap swimming, water fitness, diving, private swim parties and all other water related activities (collectively, the "Swimming Activities") at Swim Houston Aquatics Center. **I, AS A PARTICIPANT OR AS THE PARENT/ GUARDIAN OF THE PARTICIPANT(S), FURTHER AGREE TO RELEASE, INDEMNIFY, DEFEND AND HOLD HARMLESS SWIM HOUSTON AQUATICS CENTER, ITS COACHES, INSTRUCTORS, LIFEGUARDS, AND EMPLOYEES AGAINST ANY AND ALL LIABILITY, ACTIONS, DEMANDS, DAMAGES, EXPENSES, COSTS, CLAIMS AND OTHER CAUSES OF ACTION OF ANY POSSIBLE NATURE IN RESPECT OF ANY AND ALL INJURIES, DEATH, LOSS OR DAMAGE CAUSED AS A RESULT OF OR RELATED TO THE PARTICIPANT'S PARTICIPATION IN ANY SWIM ACTIVITIES AT SWIM HOUSTON AQUATICS CENTER. I, AS A PARTICIPANT OR AS THE PARENT/ GUARDIAN OF THE PARTICIPANT(S), ALSO AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS SWIM HOUSTON AQUATICS CENTER, ITS COACHES, INSTRUCTORS, LIFEGUARDS, AND EMPLOYEES FOR ANY AND ALL DAMAGES INCURRED ARISING FROM ANY CLAIMS, DEMAND, ACTION OR CAUSE OF ACTION BY OR ON BEHALF OF THE PARTICIPANT(S).** The undersigned authorizes any representative of Swim Houston Aquatics Center to have the participant(s) treated in any medical emergency during their participation in any activity while at Swim Houston Aquatics Center. Further, the participant(s) and/or parent/guardian agree to pay all costs associated with medical care and transportation for the

participant. I have noted below any medical/health problems of which the staff of Houston Swim Aquatics Center should be aware.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE, AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE. I REPRESENT THAT I HAVE THE FULL AUTHORITY AS PARENT OR LEGAL GUARDIAN OF THE MINOR PARTICIPANT(S) TO BIND THE MINOR PARTICIPANT(S) TO THIS AGREEMENT.

Signed: _____ Date: _____

Participants:

_____ Age: _____

_____ Age: _____

_____ Age: _____

Phone: _____ Email: _____

Describe any medical/health problem(s): _____
