

**WAIVER AND RELEASE FORM – PARTICIPATION OF HIDDEN HOLLOW AND
KNOWLTON SWIM TEAM
(EACH PARTICIPANT MUST HAVE A SIGNED WAIVER)**

You, the client/participant, are aware that you are engaging in physical exercise or participating in a program which may use equipment, training and instruction, that could cause injury to you. You are voluntarily participating in these activities and assume all risks of injury that might result. **You agree to waive any and all claims or rights you may otherwise have against the Rose Tree media School District, it's employees, agents, servants and/or workmen (collectively "the School District") and me, your trainer/instructor, for any personal injuries or other damages you may suffer as a result of these activities. You also agree to indemnify and hold harmless the School District and me, your trainer/instructor, for and from any actions, inactions, injury, harm and/or damage which may be caused by you, or the party for whom you are signing this waiver and release form, to other participants in this activity.** Also, it is always advisable and recommended to consult your physician before undertaking this or any exercise program.

Name of Participant:_____ Date of Birth:_____

Address_____

Emergency Contact Phone number:_____

Will you be staying with participant on pool desk: Yes or No: _____

Team: Hidden Hollow/Diver/Knowlton Swim Club