
(Swimmer's Name)

(Team/Club Name)

Liability/Medical Release Form

If I am injured while participating in programs hosted by East Texas Summer Swim League Teams (Doches Dolphin, Lufkin Sharks, Boys & Girls Club Deep East Texas, Cain Center Hurricanes/YMCA, YMCA Flying Fish, Tyler Titans, City of Tyler/FF Pool, Mt. Pleasant Country Club Team, Championship Aquatics-LISD Pool, Longview Swim Club-LeTourneau University, Marshall Marlins-Trinity School, Palestine Piranhas/YMCA, Apple Gators-Apple Swim & Fitness)

- 1.) My family and I agree to waive any legal claim against USA Swimming, and those associated with USA Swimming, North Texas Swimming, Gulf Zone Swimming, and the East Texas Summer Swim League Teams and all organizations associated with these.

- 2.) I give consent for any East Texas Summer Swim League and associated permission to provide medical/athletic training attentions, transportation and medical serves as warranted. If the program in which I am participating includes physiological and/or biomechanical evaluations. I further consent to these evaluations, which pose no unusual risk or hazards when customary safeguards are observed.

If injured while traveling to or from any practice or event with The East Texas Summer Swim League and organizations mentioned above in paragraph one-by public, private or any other means of conveyance, I agree to waive any legal claims against USA Swimming, North Texas Swimming, and the East Texas Summer Swim League Teams and all organizations associated with these. By signing this release, I swear that I am in good physical condition and I am not aware of any disease or injury that would result in my being injured during any program participation.

If I am less than 18 years of age or a minor under the laws of the state where I live, my parents or guardian shall sign this release with me.

I agree that I will not bring or possess alcoholic beverages, illegal drugs, or International Olympic Committee banned substances on the premises. I further understand and agree to abide by general rules of conduct prescribed for participants in this function and that violations may result in a denial of meet privileges.

(Swimmer's printed name)

(Swimmer's Signature)

(Date)

(Parent or Guardian's signature)

(Date)

Address: _____

Phone Number: _____

Mail to : Dawn McDowell P.O. Box 6005, Longview, TX 75608

(Each team must keep a copy on file)