



Liability/Medical Waiver

I acknowledge that my and my family’s participation in the Dewing Park Swim Club may involve risk of serious injury or death, including economic losses which may result not only from my 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, the rules of play, or this type of event or activity. I assume any and all risks of personal injuries to myself, or my family, including medical or hospital bills, permanent or partial disability, death, and damage to my property, caused by or arising from my participation in this event or activity.

I release, waive, discharge, and relinquish Dewing Park Swim Club, their officers, employees, agents, and members from any liability, loss, damage, claim, demand or cause of action against them arising from or attributable to my participation in the event or activity, whether same shall arise by their negligence or otherwise.

I agree to read and abide by all pool rules and procedures, both printed in the Pool Rules, Pool Bylaws, and DPST Operating Procedures and posted at the pool, as well as all instructions given by the lifeguard on duty. All family members and guests must abide by said rules, bylaws, posted procedures and lifeguard instructions.

Medical Waiver

I warrant that my family, children, dependents and myself are in good health and have no physical or other impediment that would cause a danger while participating in Dewing Park Swim Club and/or Dewing Park Swim Team activities.

I hereby give my consent for emergency medical or dental care prescribed by a duly licensed Doctor of Medicine for my family, children, dependents and myself. This care may be given under whatever conditions necessary to preserve life, limb or well being.

Swimmer(s) Name(s)	DOB:
Home Address:	Phone:
Insurance:	ID:
My signature indicates that I have read this agreement and understand and accept its terms.	
PARENT/GUARDIAN SIGNATURE: _____	
Date:_____	