

## **2009 AUTHORIZATION AND RELEASE OF LIABILITY WAIVER**

*PLEASE READ CAREFULLY BEFORE SIGNING.  
THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.*

**CHILD'S NAME:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_

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**PARENT/GUARDIAN NAME(S):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE #:** \_\_\_\_\_ **WORK/CELL PHONE #:** \_\_\_\_\_

**EMAIL ADDRESSES:** \_\_\_\_\_

In operating the swim team program, the Capital City Summer League (CCSL), the South Austin Area Barracudas (SAAB) Swim Team and its Board of Directors, and the Villages of Shady Hollow Homeowners Association (VOSHHA) take reasonable precautions to make activities safe. However, participation in the sport of swimming is a HAZARDOUS activity. The risks inherent to swimming include, but are not limited to, paralyzing or long-term catastrophic injuries and death. Although serious injuries are uncommon to this program, risks remain, and CCSL, the SAAB Swim Team, and VOSHHA can only minimize, not eliminate all risks. We encourage parents to help reduce the risks of injury, and we require swim team participants to obey safety rules and safety instructions when present at swim team activities.

Although the coaches, lifeguards, SAAB Board of Directors, and CCSL representatives will endeavor to act responsibly and with care, as a condition of participation in the swim team program, participants must release CCSL, the SAAB Swim Team and its Board of Directors, and VOSHHA, and all related staff thereof from claims and/or demands for losses to property, or for personal injuries to themselves or their children that may arise from ordinary negligence.

### **AUTHORIZATION**

I, the undersigned, hereby authorize the SAAB Swim Team, its Board of Directors, VOSHHA, CCSL representatives, or related staff to consent to emergency medical and/or dental treatment while my child is participating in the swim team program. I understand that reasonable effort will be made to contact me should my child require emergency medical and/or dental treatment and that the SAAB Board of Directors, VOSHHA, CCSL representatives, or related staff may consent to necessary emergency treatment without notification if efforts to notify me could delay the provision of emergency care. I understand and agree that I will pay all costs associated with medical care and transportation for my child. Further, I will indemnify and hold the SAAB Swim Team, its Board of Directors, VOSHHA, and/or CCSL harmless for damages incurred from any claim, demand, action, or cause of action by my child. I also authorize the use of my child's name, photograph, and swimming results to be posted on the SAAB Swim Team and/or CCSL websites.

### **RELEASE OF LIABILITY**

I, the undersigned, shall not hold the SAAB Swim Team, its Board of Directors, its coaches, VOSHHA, or CCSL, or any of their officers, directors, employees, and agents liable for any and all claims and/or demands for property damage or personal injury to myself or my child that may result from ordinary negligence.

*I HAVE CAREFULLY READ THE ABOVE AUTHORIZATION AND RELEASE OF LIABILITY AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.*

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent or Guardian)

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent or Guardian)