

Tri-County Swimming Pool Association
Permission to Participate and Waiver/Release of Liability

I, _____ the participant and/or the parent/guardian of the participant agree and understand that swimming is a HAZARDOUS activity and that there are risks inherent in the sport of swimming. The participant hereby agrees to participate in the TRI-COUNTY SWIMMING POOL ASSOCIATION (TCSPA) swim program as a member of the Charleston Swim Team and thereby release TCSPA, its officers and/or representatives, Charleston Swim Team, its coaches and staff members and Charleston Swim Club, its staff, agents, and/or employees from liability for any injury that may occur to the participant while participating in the TCSPA swim program including travel to and from training sessions or other scheduled activities. The participant also agrees to indemnify Charleston Swim Club for any damages incurred arising from any claims, demand, action, or cause of action by the participant. The participant authorizes any representative of Charleston Swim Club to have the participant in any medical emergency during the participation in the TSCPA swim program. Further, the participant and/or parent/guardian agree to pay all costs associated with medical care and transportations for the participant. I have noted below any medical history or problems of which the staff should be aware.

Swimmers covered by this form:

Names:

Medical history/problems:

Signed by:

_____ Date: _____