

**Gwinnett County Swim League (GCSL)
2009 Liability Waiver & Release Form**

GCSL Member Team PARKVIEW SWIM TEAM

Name of Participant _____

Age _____ Address _____

I desire to participate in the 2009 Gwinnett County Swim League which includes but is not limited to my Member Team's activities such as practices, dual meets and the GCSL Championship Meet and related activities.

In consideration of my participation, I certify that I am in good health and have no physical or other impediment which would endanger me while participating in these activities and that I have been released and authorized by my doctor to participate in the activities of the swim league. I acknowledge and agree these activities have inherent risks. I have full knowledge of the nature and extent of all the risks associated with these activities which include serious injury and death. Swimming can result in serious injury and death from diving incidents, diving off of starting blocks, drowning, incidents with other swimmers, falls on deck etc.....These incidents can lead to serious injury, head injuries, paralysis and death. I knowingly and freely assume all such risks.

In consideration of my participation in these activities, I hereby (on behalf of myself, my legal representatives, parents, heirs, executors, administrators, and assigns) release and forever discharge the Gwinnett County Swim League, Inc. including its officers, directors, volunteers, employees, agents etc...and the Member Teams (and their respective officers, directors, agents, employees and volunteers) from, and relinquish and forever waive, any and all claims and causes of action arising out of my participation in the league for negligence, gross negligence, and such other actionable conduct resulting in personal or bodily injury, property damage or death.

Participant Signature/Parent's signature if a minor: _____
Printed name: _____

Date ____/____/_____