

## 2023 Plum Creek Swim Team Waiver

## Swim Team: \$120 Per Child (Pool Member) \$200 Per Child (Non-Pool Member)

We the parent(s) of \_\_\_\_\_\_\_ do hereby give our approval for our child's participation in swimming and other activities of the Suburban Swim League. We assume all risks and hazards incidental to our child's participation in the sport or other activities. We agree to indemnify and save harmless the Suburban Swim League, the clubs therein, the coaches, and swim parents in said league, and any other participating or sponsoring organization and all employees, officials, representatives and agents of such organizations or persons from all claims, lawsuits or action of any kind for any and all casualties, damages or losses incurred by us resulting in our child by reason of participation in any activity sponsored by the Suburban Swim League. We further agree that no action will be brought by us on our behalf or on the behalf of our child participating in any Suburban Swim League activity.

| Parent/Guardian Signature:        |                   |              | [         | _ Date:   |  |
|-----------------------------------|-------------------|--------------|-----------|-----------|--|
| Witness:                          |                   |              |           |           |  |
| Child(ren) Name(s)                |                   | Male/Female  | DOB       | J         |  |
|                                   |                   |              |           |           |  |
|                                   |                   |              |           |           |  |
|                                   |                   |              |           |           |  |
|                                   |                   |              |           |           |  |
| Parent Name:                      | Secondary Parent: |              |           |           |  |
| Address:                          |                   | City:        |           | Zip:      |  |
| Home Phone:                       | Cell Phone:       |              |           |           |  |
| E-Mail Address:                   |                   |              |           |           |  |
| Office Use Only:<br>Payment Type: | Amount:           | Date Payment | Received: | Initials: |  |