

Atlanta Adult Summer League

Participant Registration and Release of Liability

Read before Signing

Participant's Name _____

Address _____

City _____ Zip _____ Telephone (home) _____

E Mail _____

Birth Date _____ Age (as of June 1st) _____ Sex: Male or Female (please circle)

Highest level of Swimming: (please circle one)

Summer league – High School – USA Swimming (Year Around)

Masters – College – Olympic/World competitor

I hereby verify that the information above is correct, and in consideration of the above named swimmer(s) being allowed to participate in any way in the Atlanta Adult Swim League, related events and activities (the ASL Programs"), the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in the ASL Programs is significant, including the potential for permanent disability and even death, and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury to the Swimmer does exist; and
2. On behalf of Swimmer, myself and spouse, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF RELEASEES or others, and assume full responsibility for the participation of Swimmer in the ASL Programs; and
3. On behalf of Swimmer, I willingly agree to comply with the states and customary terms and conditions for participation in the ASL Programs. If I observe any unusual significant concern in the readiness of Swimmer for participation or in the ASL Programs, I will remove Swimmer from participation and bring such to the attention of the nearest official immediately, and
4. On behalf of Swimmer, myself, my spouse and our heirs, personal representatives and next of kin, I HEREBY RELEASE THE ATLANTA ADULT SWIM LEAGUE and CAPITAL CITY SPORTS, INC, its directors, officers, agents and/or employees, other participants, sponsoring agencies, facility owners and lessor, sponsors and advertisers (the "Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to Swimmer's involvement or participation in the ASL Programs, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. On behalf of Swimmer, myself, my spouse and our heirs, personal representatives and next of kin, I HEREBY INDEMNIFY AND HOLD HARMLESS ALL THE ABOVE Releasees from any and all liabilities incident to Swimmer's involvement or participation in the ASL Programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS AND HAVE HAD ALL MY QUESTIONS FULLY ANSWERED, FULLY UNDERSTAND THAT I HAVE THE CHOICE OF NOT PARTICIPATING IN THE ASL PROGRAMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Understanding of Risk: I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulations, and accept them as a participant.

Swimmer's Signature _____

Print Swimmer's Name _____

Date _____

I verify that the above was given the opportunity to read the waiver above and that all his/her questions were answered before signing.

Team Representative Signature _____

Print Name _____

Please make checks payable to Capital City Sports