

CONSENT AND GENERAL LIABILITY RELEASE AND WAIVER OF CLAIMS YMCA

This signed form is required for each swimmer. Bring the signed forms with you to registration.
Do not fax these forms to the Meet Director

YMCA Association #: 4549
Greensboro YMCA
501 W Market St

Check the applicable box:

_____ I, the parent/legal guardian of _____, do hereby give my approval of his/her participation in the 2015 NATIONAL YMCA SHORT COURSE SWIMMING CHAMPIONSHIP to be held at the Greensboro Aquatic Center, 3/28/2015 - 4/3/2015 and agree to the terms below.

_____ I, _____, state that I am at least 18 years of age and I wish to participate in the 2015 NATIONAL YMCA SHORT COURSE SWIMMING CHAMPIONSHIP to be held at the Greensboro Aquatic Center, 3/28/2015 - 4/3/2015 and agree to the terms below.

I assume all risks and hazards incidental to this event. I do further release, absolve, indemnify and hold harmless the YMCA of USA, Greensboro Aquatic Center, the organizers, sponsors, supervisors, volunteers and officials, their agents, representatives or assigns. I understand that this event may be webcast and I grant to YMCA of the USA or its assignees the unlimited, irrevocable and worldwide right to distribute, publish, broadcast, digitize, reproduce and otherwise use, in whole or in part, my name, image, picture, likeness, voice, interviews, and biographical information, in any and all languages, in any and all media or formats and for advertising and promotion anywhere and at any time. I hereby waive all claims against the YMCA of USA, Greensboro Aquatic Center, the organizers, the sponsors, supervisors, volunteers, officials, their agents, representatives or assigns, for any injury to myself if I am at least age 18, to my child (as applicable) any loss due to theft of or damage to my personal property or for any other consequential or incidental damages caused in any manner whatsoever where any such liability is attributable to the absence of ordinary or even slight care by the event organizers and the conduct of this event.

I further state there is no medical condition which I have/my child _____ has that would prevent me/him/her from participating in this event.

I have read and acknowledge the YMCA Parent/Athlete Concussion Awareness Information sheet (located at: <http://www.ymcaswimminganddiving.org/VisitLink.asp?EntryID=2110>) and understand that the YMCA of USA will remove a swimmer if the swimmer shows signs and/or symptoms of a concussion. YMCA of the USA and Greensboro Aquatic Center are not responsible for any intended or unintended consequences related to removing an athlete from competition for a head injury. This includes, but is not limited to, any financial reimbursement associated with such removal

Signature of parent or guardian or Participant if age 18 or over Date

Printed Name

REQUIRED TO PARTICIPATE IN THE MEET