

# Swim Camp Liability Waiver and Release Form

TRAINING Session: (Date & Time)\_\_\_\_\_

I, [Swimmer's Name]\_\_\_\_\_, understand that participation in the Ultimate Swimmer Trials Training Camp, operated by USA Swim Clinics, LLC, involves inherent risks, including but not limited to, the risk of injury or illness. In consideration of being allowed to participate in the camp activities, I hereby release and discharge USA Swim Clinics, LLC, its organizers, instructors, staff, and volunteers from any and all liability for damages, injuries, or losses that I may sustain while participating in the camp.

I understand and acknowledge that swimming activities involve certain risks, including the risk of drowning, and I voluntarily assume full responsibility for any risks, injuries, or damages that may occur as a result of my participation in the camp.

I certify that I am in good physical condition and have no medical conditions that would prevent me from participating in the camp activities. I agree to abide by all camp rules and instructions provided by the camp staff. Swimmers are responsible for monitoring their own inhaler needs.

I understand that this waiver and release of liability is binding upon myself, my heirs, executors, and assigns.

Signature of Camper (or Parent/Guardian if under 18): \_\_\_\_\_

Date: \_\_\_\_\_

## Emergency Contact:

Swimmer Name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_