



New Berlin Swim Club Liability/Medical Release Form

Swimmers Printed Name _____
Last First Middle

If I am injured while participating in programs at New Berlin Swim Club:

- 1) I and my family agree to waive any legal claim against USA Swimming, Wisconsin Swimming INC. and New Berlin Swim Club.
2). I give consent for New Berlin Swim Club to provide medical/athletic training attentions, transportation and emergency medical services as warranted.

If injured while traveling to or from New Berlin Swim Club by public, private or any other means of conveyance, I agree to waive any legal claims against USA Swimming, Wisconsin Swimming INC. and New Berlin Swim Club.

If I am less than 18 years of age or a minor under the laws of the state where I live, my parent or guardian shall sign this release with me.

I agree that I will not bring or possess alcoholic beverages, illegal drugs or international Olympic Committee-Banned substances on the premises. I further understand and agree to abide by the general rules of conduct prescribed for participants in this function and that violations may result in a denial of meet privileges.

Participant Printed Name _____ Birth date _____

Participant Signature (if over the age of 18) _____ Date _____

Parent/Guardian Signature _____ Date _____

Street Address: _____

City/State/Zip: _____ Home Phone: _____

If parents are not available, please call the person designated below in case of emergency:

Name _____ Relationship _____

Street Address _____ City/State/Zip _____

Addition information re: medical history, Allergies/drug reactions,etc., which may be needed in rendering medical care.

Parent/Guardian Insurance Information: _____
Company Name

Policy/ID # _____ Group/Member # _____ Company Phone # _____

Company Address _____

