

**SECA Sharks Swim Team – Waiver Release**

**CONSENT FOR MEDICAL TREATMENT:** We, as parent or guardian, certify that the child is in normal health and capable of safe participation in the SECA program. We hereby consent to emergency medical or hospital care that may be rendered by or at accredited hospitals by appointed physicians.

**WAIVER & INDEMNITY AGREEMENT:** Acceptance of our child's entry in this program is without responsibility of any kind by the SECA. We, and on our child's behalf, do hereby for on the behalf of ourselves and our heirs and legal representatives and our child RELEASE and forever discharge SECA, its officers, and representatives, staff and coaches, and any other entities or representatives of such entities sponsoring or contributing to the program from any and all claims, demands, and injuries howsoever, arising, whether caused by negligence or intentional acts of SECA and its representatives and any other entities or representatives of such entities sponsoring or contributing to the program, which in juries may be in any way related to my child's activities during the program. All such claims are hereby WAIVED AND RELEASED, and we on behalf of our child, covenant not to sue therefore. THE PARENT(S) OR GUARDIAN(S) BY SIGNING BELOW DOES HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS SECA AND ITS REPRESENTATIVES, AND ANY OTHER ENTITIES SPONSORING OR CONTRIBUTING TO THE PROGRAM FROM ANY LIABILITY WHICH THEY MAY INCUR TO THE CHILD (ENTRANT), HOWSOEVER ARISING AND WHETHER CAUSED BY THE NEGLIGENT OR INTENTIONAL ACTS OF SECA OR ANY OTHER ENTITIES SPONSORING OR CONTRIBUTING TO THE PROGRAM OR THIRD PARTIES.

**I HAVE READ AND UNDERSTOOD THE FOREGOING RELEASE AND INDEMNITY AGREEMENT.**

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ CHILD/REN NAME(S): \_\_\_\_\_