

# Colonies Swim and Tennis Club

P.O. Box 29371, Richmond, VA 23242

## **Waiver / Release of Liability**

Please Read Carefully Before Signing

This Is A Release Of Liability And Waiver Of Certain Legal Rights

I, \_\_\_\_\_, the enrolled participant and/or the parent/guardian of the participant agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death.

The participant hereby agrees to participate in the Quest Camp swim field trip and hereby agrees to indemnify and hold harmless the COLONIES SWIM AND TENNIS CLUB (CSTC), its officers, directors, agents, and employees against any liability resulting from any injury that may occur to the participant while participating in the Quest Camp swim field trip. The participant also agrees to indemnify the CSTC for any damages incurred arising from any claims, demand, action, or cause of action by the participant.

The participant authorizes any representative of the CSTC to have the participant treated for any medical emergency during their participation in the Quest Camp swim field trip. Furthermore, the participant and/or parent/guardian agree to pay all costs associated with medical care and transportation for the participant.

I have noted below on this form any health/medical problems the staff should be aware.

**I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.**

Signed: \_\_\_\_\_

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

Participant or Parent/Guardian

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Emergency Contact Information:

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital preference if emergency transport is needed: \_\_\_\_\_

List any health/medical problems the staff should be aware of below: