

**WILLOWFORK SWIM TEAM  
&  
Katy West Houston Aquatic Conference**

**Consent, Release of Liability and Waiver**

*Please complete a separate form for each child/participant/swimmer.*

Child's/Participant's/Swimmer's Full Name: \_\_\_\_\_

Age as of May 1 (of the calendar year this document is duly executed): \_\_\_\_\_

The Child's/Participant's/Swimmer's Medical or Physical Limitations, if any: \_\_\_\_\_

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Please read carefully before signing. This is a consent, release of liability and waiver of important legal rights.**

I, \_\_\_\_\_, the parent/guardian of the child/participant/swimmer (hereinafter the "participant") named above, do hereby consent to and give approval for my above-named child to participate in any and all swim team and related transportation activities of WILLOWFORK SWIM TEAM ("Willowfork") and in the KATY WEST HOUSTON AQUATIC CONFERENCE ("Katy West"). I assume all risks and hazards incident to such participation including, but not limited to, the participant's transportation to and from any said swimming activities, and do hereby waive, release, absolve, and hold harmless Willowfork and Katy West, all participating teams, officers, organizers, coaches, supervisors, directors, volunteers, other participants, and any other persons or parents involved in any way in such activities, from any and all demands, claims and liabilities arising out of any injury to the participant. I also agree to indemnify and hold harmless Willowfork and Katy West, all participating teams, officers, organizers, coaches, supervisors, directors, volunteers, other participants, and any other persons or parents involved in any way in such activities, for any damages incurred or arising from any claims, demands, causes of action, or losses incurred by me, the participant, or any other guardian or parent of the participant.

I do hereby authorize any representative of Willowfork or Katy West, including individual swim team representatives, to have the participant treated in any medical emergency during their participation in such swimming or related transportation activities. Further, I do hereby agree to pay all costs associated with such medical care of, and transportation for, such treated participant.

**I have read the above consent, release of liability and waiver and sign it with full understanding, knowledge and approval of its contents and significance.**

\_\_\_\_\_  
**Parent/Guardian's Signature**  
Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Date**  
Phone No(s): \_\_\_\_\_  
\_\_\_\_\_

**Swimmers 15 years and older must also read, understand and sign below.**

I, \_\_\_\_\_, agree to participate in any and all swim team and related transportation activities of Willowfork and Katy West. I assume all risks and hazards incident to such participation and do hereby waive, release, absolve, and hold harmless Willowfork and Katy West, all participating teams, officers, organizers, coaches, supervisors, directors, volunteers, other participants, and other persons or parents involved in any way with such activities, from any and all demands, claims and liabilities arising out of injury to myself. I also agree to indemnify and hold harmless Willowfork and Katy West, all participating teams, officers, organizers, coaches, supervisors, directors, volunteers, other participants, and persons involved in any way from any such activities, for any damages incurred arising from any claims, demands, causes of action, or liabilities incurred by myself.

**I have read the foregoing consent, release of liability and waiver and sign it with full understanding, knowledge and approval of its contents and significance.**

\_\_\_\_\_  
**Participant's Signature**

\_\_\_\_\_  
**Date**