

# RELEASE, WAIVER, INDEMNITY, ASSUMPTION OF RISK AND PROMISE NOT TO SUE

Sport: Dive/Swim Team      School Year: 2019/2020      Participant's School: \_\_\_\_\_

Participant's (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (MI) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ years old  
(Month) (Day) (Year)

Address: \_\_\_\_\_  
(# and Street Name)                      (City)                      (State)                      (Zip Code)

In consideration of participating in the athletic program(s), including swimming and swim teams, of the Atlanta Independent School System and use of the swim and natatorium facilities at The Westminster Schools, Inc., I represent that I understand the nature of these activities and that I am qualified, in good health, and am in proper physical condition to participate in such swim activities. I acknowledge that if I believe programs or activities are unsafe for myself, including permanent disability, paralysis and death, which may be caused by my own actions, I will immediately discontinue participation in these activities. I fully accept and assume all such risks and all responsibility for losses, cost and damages that I incur as a result of my participation in the programs and use of the facilities of The Westminster Schools.

I, for my/our child, for myself, my estate, my heirs, my administrators, my executors, my assignees, my agents, my successors, and for all members of my family, hereby fully release, discharge, and covenant not to sue The Westminster Schools, Inc., the Atlanta Independent School System, the Atlanta Board of Education (all current, former and future members), and all their respective administrators, agents, representatives, directors, employees, attorney's governing organizations and boards, their schools, their trustees, officers, coaches, athletic trainers, physicians, volunteers and any other practitioner or the healing arts (each considered one of the "RELEASEES") from any and all liability, claims, estate, my heirs, my administrators, my executors, assignees, my agents, my successors, and for all members of my family, caused or alleged to be caused in whole or in part by the negligent acts or missions of the "releases" or otherwise, including but not limited to the negligent rescue operation; and I, for my/our child, for myself, my estate, my heirs, my administrators, my executors, my assignees, my agents, my successors, and for all members of my family, further agree to indemnify, release, defend, exonerate, discharge and hold harmless the Releases from an and all liability, personal or property damages, claims, causes of action or demands, known or unknown, foreseen and unforeseen or any future claims that could be asserted by the Participant, as well as the Participants heirs, executors, administrators, personal representatives, successors, and assigns, brought against or that could be brought against the Releases arising out of any injuries (including death and paralysis) to my/our child, or to his or her property or loses of any kind which may result from or in connection with his or her participation in any activity related to his or her participation in the athletic program(s) of or provided by the Atlanta Independent School System and his or use of the swim and natatorium facilities at The Westminster Schools, Inc.

I have read the Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement. I understand that I have given up substantial rights by signing it and have signed it freely and without an inducement or assurance of any nature. I intend for it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid that balance, notwithstanding, shall continue in full force and effect.

## EVERY PARENTS/GUARDIANS/MUST SIGN BELOW AND DATE

\_\_\_\_\_  
(Participant's Printed Name)                      (Participant's Signature)                      (Date)

I hereby voluntarily give permission for the Participant to participate in the Activity and agree to be bound by the terms of this Release, Waiver, Indemnity and Promise Not to Sue.

\_\_\_\_\_  
(Parent/Legal Guardian's Printed Name)

\_\_\_\_\_  
(Parent/Legal Guardian's Signature)

\_\_\_\_\_  
(Date)

