



MEDICAL WAIVER

I certify that I am the parent or legal guardian for my child(ren). I hereby give my permission for any supervisor, coach or other team administrator associated with the **Livonia Community Swim Club** to seek and give appropriate medical attention for our child(ren) in the event of accident, injury, illness. I will be responsible for any and all costs associated with any necessary medical attention and/or treatment.

I hereby waive, release and forever discharge **Livonia Community Swim Club** and associated supervisor, coach, Livonia Community Swim Club Board Members, or other team administrator from all rights and claims for damages, injury, illness, loss to person or property which may be sustained or occur during participation in **Livonia Community Swim Club** activities, whether or not damages or loss is due to negligence. I hereby acknowledge that my children is (are) physically fit and capable of participation in all Swim Team activities.

LIABILITY WAIVER

By registering my child(ren) with the **Livonia Community Swim Club**, I agree to participate (or allow my child(ren) and family members to participate) in the Livonia Community Swim Club, and hereby release **Livonia Community Swim Club**, its directors, officers, Board Members, agents, coaches, and employees from liability for any injury or illness that might occur to myself (or to my child(ren) and family members) while participating in the **Livonia Community Swim Club** program, including travel to and from training sessions, swim meets or other scheduled team activities.

I agree to indemnify and hold harmless the above mentioned organizations and/or individuals, their agents and/or employees, against any and all liability for personal illness or injury, including illness or injuries resulting in death to me, my child(ren) and/or other family members, or damage to my property, the property to my child(ren) and/or other family members, or both, while I (or my child(ren) or family members) are participating in the **Livonia Community Swim Club** program.

By checking the agreement box, you are giving written documentation that you and all members of your family understand and agree to the Medical and Liability Waiver terms provided by LCSC.