

**Northern TRIBS Swimming, Inc.**  
**Agreement to Participate**  
**With Assumption of Risk, Waiver and Release of Liability**

Parent/Guardian---First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Names of Participating Child(ren):

(1) \_\_\_\_\_ DOB \_\_\_\_\_ Gender: M/F

(2) \_\_\_\_\_ DOB \_\_\_\_\_ Gender: M/F

(3) \_\_\_\_\_ DOB \_\_\_\_\_ Gender: M/F

Address: \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (H): \_\_\_\_\_ Cell \_\_\_\_\_

**Assumption of Risk and Waiver of Liability:** Swimming, like all athletic activities, involves elements of risk to participants, and can be a challenge for some persons. In consideration of my being allowed to participate in the Northern TRIBS Swimming club, the participants and their parent(s)/guardian(s), for themselves and their families, heirs, administrators, estates and executors, voluntarily agree to assume all inherent risks incidental to swimming lessons, club practices and programs/activities, and agree that Northern TRIBS Swimming, Inc., its members/owners, employees, agents, sponsors, volunteers, instructors, the owners of the host site(s), and their successors and/or assigns ("NTS"), are not liable for, and I/we hereby release NTS from, any and all claims for costs, damages, death and/or injury to the fullest extent allowed by law resulting from those swimming lesson, club practices and programs/activities, even if arising from ordinary negligence of NTS.

Participants and/or spectators agree to observe all rules of Northern TRIBS Swimming, Inc. and of the host site(s) where/when the club programs/activities are held.

Permission is given to the Northern TRIBS Swimming, Inc. to utilize your video or photo image or likeness for club promotional purposes when obtained incidental to any event.

**Medical Certification & Release:** I certify that the Participant is in good physical health and has no medical condition(s) that would prevent full participation in the outlined activities and programs. In the event of any medical emergencies, I authorize Northern TRIBS Swimming, Inc. to take whatever actions it deems necessary (including transport to medical service providers), and I agree to assume fully responsibility for all costs associated therewith. I have read, fully understand (including that I am giving up legal rights/remedies which may be available to me), and voluntarily agree to each of the above items.

\_\_\_\_\_  
Signature of Parent or Guardian:

\_\_\_\_\_  
Date