



## VOLUNTEER LIABILITY RELEASE AND INDEMNIFICATION FORM

I, the undersigned volunteer, request to participate in the \_\_\_\_\_ activity on \_\_\_\_\_ (date) which begins at \_\_\_\_\_(time) and ends at \_\_\_\_\_(time) sponsored by \_\_\_\_\_ all of which are hereinafter referred to as the "activity."

In consideration of the opportunity afforded the volunteer to assist on a voluntary basis, the volunteer waives any right or cause of action arising as a result of participation in said event from which any liability may or could accrue against United States Swimming, Inc. dba USA Swimming, USA Swimming Local Swimming Committees, USA Swimming Member Clubs and USA Swimming Members (collectively, the "Released Parties"), including their respective officers, directors and employees.

The intent of this form is to be sure the volunteer(s) understand they are *not* covered by USA Swimming's accident insurance or workman's compensation insurance. If they are injured, they are responsible for their own medical expenses. They are also assuming the risk, and waiving claims arising from and agreeing not to sue Released Parties, as a result of any injury or damages they may suffer as a volunteer. The volunteer also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

### RELEASE

I consent to my participation in the activity and acknowledge that I fully understand my participation may involve risk of serious injury or death, including losses which may result not only from my own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before the activity begins.

I certify that I am in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

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(Print name of Volunteer)

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(Signature of Volunteer)

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(Date)