

## MAPSC Waiver and Release of Liability

In consideration of being eligible to participate in the Michiana Association of Private Swim Clubs (d.b.a MAPSC) sports program, related events and activities, the undersigned:

1. Hereby certify that I am physically fit, and have not been informed otherwise by a physician.
2. Hereby waive any and all rights and claims for "loss" or "damages" arising out of my participation in any MAPSC sponsored event, including practices, meets, travel to and from meets, and any related activities, and hereby release from liability MAPSC and its administrators, the host facilities, their respective administrators, meet committees, or any individuals officiating at the meets, or supervising such activities, as a condition of my participating in the MAPSC program.
3. And I acknowledge and fully understand that I will be engaging in activities that involve serious injury including permanent disability or death and agree to assume all of those risks.

<input type="checkbox"/>	I understand that this waiver must be on file with the Association before a swimmer may participate in any association event.
<input type="checkbox"/>	I understand that a swimmer must swim in (2) meets for points (not exhibition) in order to be eligible to participate in the league championship meet.
<input type="checkbox"/>	I understand failure to adhere to the above 2 rules on my part or my coach's part will disqualify the swimmer from competing in the League Championship Meet.

The undersigned have read the above waiver and release of liability, and eligibility requirements and understand that they have given up substantial rights by signing it and sign it voluntarily. (A guardian's signature is required for participants under the age of eighteen.)

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Team

\_\_\_\_\_  
Age Group

Circle one: Boy Girl

\_\_\_\_\_  
Child's Birthdate