

SWIMMING RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

IN CONSIDERATION of being given the opportunity to participate in any way in any Providence Classical School (PCS) Swim Club Activity until the end of the 2023 – 2024 school year, I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of Swimming Activities, in the pool, and that I am qualified, in good health, and in proper physical condition to participate in such Activity.

2. FULLY UNDERSTAND that: (a) SWIMMING ACTIVITIES INVOLVE RISKS AND DANGERS of serious bodily injury including permanent disability, paralysis, and death (“Risks”); (b) these risks and dangers may be caused by my own actions or inaction, the actions or inaction of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the Releasees names below; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at the time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.

3. AGREE AND WARRANT that I will examine and inspect each Activity in which I take part as a member of the club or participant in a PCS Swim Club Event and that, if I observe any condition which I consider to be unacceptably hazardous or dangerous, I will notify the proper authority in charge of the Activity and will refuse to take part in the Activity until condition has been corrected to my satisfaction.

4. HEREBY RELEASE, discharge, and covenant not to sue Providence Classical School or their administrators, directors, agents, officers, volunteers, and employees, other participants, activity organizers, 757swim Inc. or its coaches, any sponsors, advertisers, and, if applicable, owners and lessors of premise on which the activity takes place, (each considered one of the Releasees herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend 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, the balance, notwithstanding, shall continue in full force and effect.

SIGNATURES FOLLOW ON NEXT PAGE

PRINTED NAME OF PARTICIPANT: _____

ADDRESS:

Street City State Zip

PHONE: _____ DATE: _____

PARTICIPANT'S SIGNATURE (only if age 18 or older): _____

PARENTAL CONSENT

AND I, the minor's parent and/or legal guardian, understand the nature of rowing activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost that may occur as the result of any such claim.

PRINTED NAME OF PARENT/GUARDIAN: _____

ADDRESS:

Street City State Zip

PHONE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____