



**Swimming Technology Research: Waiver/Release of Liability**

*Please read this document carefully before signing. This is a release of liability and waiver of certain legal rights.*

I, \_\_\_\_\_, the enrolled participant and/or parent/guardian of the participant (\_\_\_\_\_) agree and understand that swimming is a hazardous activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death.

The participant hereby agrees to participate in this program and hereby agrees to indemnify and hold harmless Swimming Technology Research, Inc. ("STR"), its officers, directors, instructors, consultants, agents, or subcontractors against any liability resulting from injury that may occur to the participant while participating in any STR activity. The participant also agrees to indemnify STR for any damages incurred arising from any claims, demand, action or cause of action by the participant.

The participant authorizes any representative of STR to have the participant treated in any medical emergency during their participation in any STR program. Further, the participant and/or parent/guardian agree to pay all costs associated with medical care and transportation for the participant.

I have noted on the back of this form any medical/health problems of which the staff should be aware.

**I have carefully read the above liability release and sign it with full knowledge of its contents and significance.**

_____ Signature (Participant or Parent/Guardian)		_____ Date	
_____ Name (as it appears on credit card)		_____ Street	
_____ City	_____ State	_____ Zip Code	_____ Country
_____ Home Phone	_____ Work Phone	_____ Email address	

Swimmer: Age\_\_\_\_ Gender\_\_\_\_ Height\_\_\_\_ Weight\_\_\_\_

Swimmer T-shirt size: \_\_Child M \_\_Child L \_\_Adult S \_\_Adult M \_\_Adult L

Method of Payment for Balance: \_\_\_cash \_\_\_check \_\_\_credit card

Credit card number \_\_\_\_\_ Exp date \_\_\_\_\_ CSV \_\_\_\_\_