



Wisconsin Swimming, Inc.

TRAVEL ASSUMPTION OF RISK AND RELEASE OF LIABILITY

I, _____, freely choose to participate in the **(Name of activity or Competition)** (henceforth referred to as the “Activity or Competition”). In consideration of my participation in this Program, I agree as follows:

INSTITUTIONAL ARRANGEMENTS: I understand that Wisconsin Swimming, Inc. (WSI), **(Name of Director/Head Coach)** and any driver or chaperone for **(Name of Activity or Competition)**, hereafter called **activity or competition** are not agents of, and have no responsibility for, any third party, which may provide any services including food, lodging, travel or other goods or services associated with the Program. I understand that WSI and Drivers or chaperones are providing these services only as a convenience to the participant(s) and that accordingly, WSI and Drivers/Chaperones accept no responsibility, in whole or in part, for delays, loss, damage or injury to the persons or property whatsoever, caused to me or others prior to departure, while traveling or while staying in designated lodging. I further understand that WSI and Drivers/Chaperones are not responsible for matters that are beyond their control. I acknowledge that WSI reserves the right to cancel the trip without penalty or to make any modifications to the itinerary and/or academic program as deemed necessary by WSI.

INDEPENDENT ACTIVITY: I understand that WSI is not responsible for any loss or damage I may suffer when I am traveling independently or I am otherwise separated or absent from any WSI activity. In addition, I understand that any travel that I do independently on my own before or after the WSI sponsored **Activity/Competition** is entirely at my own expense and risk.

HEALTH AND SAFETY: I recognize that WSI is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of an emergency occurring during my participation in this **Activity/Competition**, I authorize in advance the representative of the WSI to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. WSI may (but is not obligated to) take any action it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release WSI and Drivers from any liability for any action. I have also completed the separate Wisconsin Swimming, Inc. EMERGENCY MEDICAL RELEASE AND MEDICAL HISTORY FOR SWIMMER.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY: Knowing the risks described above, and in voluntary consideration of being permitted to participate in the **Activity/Competition**, I agree to release, indemnify and defend WSI and Drivers and their officials, officers, employees, agents, volunteers, sponsors, and students from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in this Activity/Competition.

SIGNATURE: I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form shall be governed by the laws of the State of Wisconsin which shall be the forum for any lawsuits filed under or incident to this Release Form or to the Program. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

Signature of Program Participant

Date

Signature of Parent or Legal Guardian (if athlete is a minor)

Date