



Last Name: _____

2024 Swim Team Registration Form

6620 Forest Grove, San Antonio TX 78240

Leon Valley Swim Team Release and Waiver of Liability Per Swimmer

In consideration of my desire to participate on the swim team and use the City of Leon Valley Pool ("Pool"), I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while using the facilities of City of Leon Valley.

Further, I, for myself and my heir, executors, administrators and assigns, hereby release, waive and discharge City of Leon Valley and its officers, directors, employees, agents or its pool management company and its employees individually, of and from any and all claims which I or my heirs, administrators and assigns ever may have against any of the above for, on account of, by reason of or arising in connection with my use of the Pool, and hereby waive all such claims, demands and causes of action.

Further, I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Texas, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I, the undersigned, am at least 18 years of age or I am the parent or guardian of a participant who is less than 18 years of age. I have read this Release and Waiver of Liability and understand all its terms. I execute it voluntarily and with full knowledge of its significance. Further, I have carefully read the foregoing indemnification, and understand the contents thereof and sign this release as my own, free act.

Signature of **SWIMMER** _____ Date _____ Witness _____ Printed Name

Signature of **SWIMMER** _____ Date _____ Witness _____ Printed Name

Signature of **SWIMMER** _____ Date _____ Witness _____ Printed Name

Signature of **SWIMMER** _____ Date _____ Witness _____ Printed Name

Signature of **SWIMMER** _____ Date _____ Witness _____ Printed Name

Signature of **SWIMMER** _____ Date _____ Witness _____ Printed Name

Signature of PARENT/GUARDIAN _____ Date _____ Witness _____ Printed Name