

RCSL City Meet permission/waiver

In consideration of being allowed to participate in any way in the Rocket City Swim League (RCSL) City Meet, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. I authorize the Coaches, Teachers, employees, or Huntsville Natatorium Pool LifeGuards thru medical professionals of their own choice, to obtain any medical emergency care that may become reasonably necessary in the course of activities or practice of the RCSL City Meet.
2. I accept responsibility for payment of all medical bills, including, but not limited to charges for doctors, ambulance, hospitals, drugs, or legal which I may incur by reason of participation in such activities of RCSL City Meet.
3. I waive any claims or cause of action against RCSL and its Coaches, Teachers, & employees, AND/or, action against the City of Huntsville, and/or the Rocket City Swim League (RCSL) which may arise by reason of injury because of participation. I also agree that Coaches, Teachers, employees, LifeGuards, and other members of, RCSL, or the City of Huntsville are released and forever acquitted from any and all claims of liability to me, for injuries sustained because of such participation.
4. I am insured with _____ policy # _____, and I agree to maintain this coverage for the tenure of my participation with RCSL activities.
5. If I am not covered by medical insurance, I agree & understand that I will be fully responsible for payment of any medical bills that may incur by reason of participation in such RCSL activities. (Note: refer to item #2)
6. I understand that RCSL are non-profit organizations and do not offer any type of insurance.

Signature _____ Date _____

Address: _____

Home Phone # _____ Work or Cell Phone # _____