



Medical Release & Liability Waiver

By registering my child(ren) with **Stingrays, Inc.**,

I certify that I am the parent or legal guardian of my child(ren). I permit any supervisor, coach, or other team administrator associated with Stingrays, Inc. to seek and provide appropriate medical attention for our child(ren) in case of an accident, injury, or illness. I will be responsible for any necessary medical attention and treatment costs.

I, as a result of this, waive, release and forever discharge **Stingrays, Inc., T4L Swim Team Management Inc., Cobb Parks and Rec Dept., Cherokee County Aquatics Center, the Stingrays staff, Administration or Board of Directors, and an Associated supervisor and Coach**, from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during participation in **Stingrays, Inc.** activities, whether or not damages or loss is due to negligence. I acknowledge that my children are physically fit and capable of participating in all Swim Team activities.

I agree to participate (or allow my child(ren) and family members to participate) in the **Stingrays Swimming program**, and with this release, **Stingrays, Inc., T4L Swim Team Management Inc., Cobb Parks, and Rec Dept., Cherokee County Aquatics Center, the Stingrays staff, Administration or Board of Directors, and an Associated supervisor and Coach** and its directors, officers, agents, coaches, and employees from liability for any injury that might occur to myself (or to my child(ren) and family members) while participating in the **Stingrays, Inc.** program, including travel to and from training sessions, swim meets or other scheduled team activities.

I agree to indemnify and hold harmless the organizations as mentioned earlier and individuals, their agents, and employees against any liability for personal injury, including injuries resulting in death to me, my child(ren), and other family members, or damage to my property, the property to my child(ren) and other family members, or both, while I (or my child(ren) or family members) participating in the **Stingrays, Inc.** program.

Medical Release Waiver

I certify that I am the parent or legal guardian of my child(ren). I, with this, give my permission for any supervisor, coach, staff member, or other team administrator associated with STINGRAYS Inc. **[including the LAPS and Boot Camp Programs]** and **T4L Swim Team Management** to seek and give appropriate medical attention for our child(ren) in the event of accident, injury, illness. I will be responsible for all costs of necessary medical attention or treatment.

I, with this, waive, release, and forever discharge STINGRAYS Inc. and T4L Swim Team Management from all rights and claims for damages, injury, or loss to person or property which may be sustained or occur during participation in **any STINGRAYS Inc. programed** activities, whether or not damages or loss is due to negligence. I acknowledge that my children are (are) physically fit and capable of participating in all Swim Team activities.

Electronic Signature Required: [Stingrays Medical and Liability Waiver](#) MUST Sign

***By registering with the Stingrays Swimming program, you agree to the Medical Release Waiver