

# USA Swimming Waiver and Release Form

(Duplicate as needed for each athlete.)

**EACH COMPETITOR AND HIS/HER PARTENT OR GUARDIAN, IF APPLICABLE, MUST COMPLETE THIS WAIVER AND RELEASE FORM  
THIS INCLUDES INDIVIDUAL AND RELAY ONLY SWIMMERS**

In signing below, the athlete affirms to have read the entry form and agrees to abide by the conditions herein. I verify the events in which I am entered and that I am a registered amateur athlete according to the USA Swimming Code of Regulations; that in consideration of your accepting this entry, I, intending to be legally bound, do hereby for ourselves, our heirs, executors and administrators, waive, release, and forever discharge any and all rights and claims for damages which we or either of us may hereafter have against USA Swimming, Inc., the host team, the Local Swimming Committee (LSC), and/or their respective officers, agents, representatives, successors and/or assigns, for any and all damages which may be sustained or suffered by me in connections with, or entry in and/or arising out of my traveling to, participating in and returning from said meet.

### GENERAL ACKNOWLEDGEMENT & ACCEPTANCE

I hereby acknowledge that all information and signatures on this form are applicable to my participation in these USA Swimming Championships and I agree to abide by the regulations specified in this document and in the Rules and Regulations of USA Swimming for the management of conduct to the USA Swimming program.

### OATH OF ELIGIBILITY

I declare that I am eligible and in good standing with regulations laid down by USA Swimming, the International Federation for Amateur Swimming (FINA), and the International Olympic Committee (IOC). I also declare I am not under suspension or disciplinary action imposed for use of illegal drugs or other athlete regulation infractions. I agree to sign additional documents to this effect when required to do so by USA Swimming or the local organizing committee. I certify that, to the best of my knowledge and belief, I am in good physical condition and have no disease or injury that would impair my performance in competition and agree that while a participant in this competition, I will keep myself in top physical condition and retain my eligibility status.

### DOPING

I understand that it is the policy of USA Swimming to discourage and prevent the use of prohibited doping substances and prohibited doping methods. The FINA Anti-Doping Rules are available on-line or from USA Swimming. I know that I should call the USADA Drug Reference Line (1-800-23-0393) to check the status of all medications and substances I am currently using, and to satisfy any questions or concerns that I may have about medications and prohibited substances and methods. **MANDATORY DEADLINE:** Declaration forms and medical necessity statements must be received by USA Swimming no later than one week prior to the first day of competition. If you are unable to meet this deadline, please contact USA Swimming at 719-866-4962 before competition begins.

I do not currently engage in, nor do I intend to use any prohibited substances and methods. I acknowledge that the use of prohibited substances or prohibited methods may subject me to disqualification and other sanctions imposed by USA Swimming, USADA, FINA, or IOC.

### DRUG TESTING

I understand that USADA will conduct drug testing on athletes during and outside of competition. By registering for this competition, I hereby consent to and authorize USADA to test me for prohibited substances and prohibited methods at any time. I further acknowledge and agree that my refusal to participate in a drug test may subject me to disqualification and sanctions, the same as if I had tested positive for a prohibited substance.

I hereby authorize USA Swimming to include the results of any drug testing of me in the published statistics for drug testing and to include my name in the list of athletes who have been drug tested, which USA Swimming publishes on their website. In the event I refuse to submit to a drug test or a drug test has a positive result, I recognize that I am subject to the adjudication processes established by the US Anti-Doping Agency (USADA) and FINA, because of my refusal or positive test.

### AUTHORIZATION AND EVENT PROMOTION

I agree to be filmed and photographed by the official photographer(s) and network(s) of USA Swimming under the conditions authorized by USA Swimming and give the event organizers the right to use my name, picture, likeness, and biographical information before, during or after the period of my participation in these competitions to promote the competition in which I compete or to promote the success of the team on which I competed. I understand and agree not to use or authorize use of pictures of myself in the uniforms and equipment provided by USA Swimming for the purpose of trade, without the consent of USA Swimming. I agree not to use the medals or photos, portraits or films of me with the medals, which I receive form my performance in this competition, for the purpose of trade. Furthermore, it is agreed that I shall return these uniforms and equipment, bearing USA Swimming logos and marks, if and when requested.

### AUTHORIZATION FOR MEDICAL SERVICES

I hereby give consent for USA Swimming to provide me with medical care and treatment and emergency medical services associated with participation in this competition. Additionally, I hereby agree that, in the event I elect to obtain any of these services or treatments from any sources other than the provided or approved by USA Swimming, I shall accept full and complete responsibility. I further authorize the release of any medical information necessary to process a claim for accident/medical payment insurance for an injury or illness incurred while I am participating as a member of the USA Swimming delegation at this competition.

### ASSUMPTION OF RISK OF SERIOUS INJURY

I Understand and Appreciate That My Participation in the Sport of Swimming Carries a Risk of Serious Injury, Including Permanent Paralysis or Death. I Voluntarily and Knowingly Recognize, Accept, and Assume this Risk.

### RELEASE

The Undersigned, Parent(s) and Natural Guardian(s) or Legal Guardian(s) of \_\_\_\_\_, Does Thereby Represent He/She (They) Is (Are), in Fact, Acting in Such Capacity and Agrees to Save and Hold Harmless and Indemnify Each and All of the Parties Herein Referred to Above, as Releases, from All Liability, Loss, Cost, Claim, or Damage Whatsoever May Be Imposed upon Said Releasees Because of Any Defect in or Lack of Such Capacity to So Act and Release Said Releasees Behalf of Both of the Undersigned.

### MISCELLANEOUS

The Waiver and Release Form shall be construed in accordance with the subject to the laws of the State of Colorado. If any paragraph, section, sentence, clause, or phrase contained in this Waiver and Release Form becomes or is held by any court of competent jurisdiction to be illegal, null, or void or against public policy, the remaining paragraphs, sections, sentences, clauses, or phrases contained in this Waiver and Release Form shall not be affected thereby.

Participant's Signature

Date

(If Applicant Is under Age of Majority in His/Her Home State, the Parent(s) or Guardian(s) must Execute the following Waiver in Addition to the Above)

Team Name

This is to certify on this date that I, as parent/guardian of \_\_\_\_\_, participating in this competition, give my consent to USA Swimming and its medical representatives to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned athlete for injury that could arise from activities in this competition. I further consent to the random drug testing of the above-mentioned athlete during the competition and for the twelve (12) month period following the competition, to the disclosure of test results, and to the other terms and conditions set forth in the paragraph above entitled USA Swimming DRUG TESTING.

Parent/Guardian Signature

Relationship

Parent/Guardian Name (please print)

Date