



INFORMED CONSENT/LIABILITY WAIVER /RELEASE AGREEMENT I, the undersigned, realize that there may be medical risks and risk of injury or death associated with physical exercise, the use of this facility, or the use of equipment within the facility. I/We also recognize that the Carlisle Swim Club cannot evaluate my/our physical abilities and medical limitations as they pertain to participation in programs, to the use of the facilities, or use of the equipment within the facility. I/WE THEREFORE ASSUME ALL RESPONSIBILITY FOR HAVING A THOROUGH MEDICAL EXAMINATION PERFORMED, BY A MEDICAL PRACTITIONER OF MY/OUR CHOICE BEFORE PARTICIPATING IN ANY PROGRAMS AND PRIOR TO USING THE FACILITIES OR EQUIPMENT WITHIN THE FACILITIES. I/WE ALSO ASSUME ALL RESPONSIBILITY FOR ABIDING BY THE RECOMMENDATIONS OF THAT MEDICAL PRACTITIONER, INCLUDING BUT NOT LIMITED TO, AS THEY PERTAIN TO LIMITATIONS ON EXERCISE, PARTICIPATION IN CARLISLE SWIM CLUB PROGRAMS AND USE OF CARLISLE SWIM CLUB FACILITIES OR EQUIPMENT WITHIN THE CARLISLE SWIM CLUB FACILITIES. FURTHERMORE, and in addition to the above, in exchange for the Carlisle Swim Club allowing me/us to participate in the activities of, and use the facilities of the Carlisle Swim Club: I/WE AGREE TO HOLD FREE FROM ANY AND ALL LIABILITY INCLUDING, BUT NOT LIMITED TO, LIABILITY FOR ANY OF ITS OWN NEGLIGENCE – THE CARLISLE SWIM CLUB AND/OR ANY OF ITS RESPECTIVE OFFICERS, EMPLOYEES AND MEMBERS. TO THE FULLEST EXTENT PERMITTED BY LAW, I/WE AGREE TO WAIVE, RELEASE AND FOREVER DISCHARGE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES, INCLUDING CLAIMS FOR PERSONAL INJURY AND/OR DEATH, WHICH I/WE MAY HAVE OR WHICH MAY ACCRUE TO ME/US ARISING OUT OF OR IN ANY MANNER CONNECTED WITH MY/OUR PRESENCE IN, ON OR ABOUT THE PREMISES OF THE CARLISLE SWIM CLUB, PARTICIPATION IN ANY OF THE ACTIVITIES OF THE CARLISLE SWIM CLUB, USE OF ITS FACILITIES, AND/OR USE OF EQUIPMENT WITHIN ITS FACILITIES, WHETHER OR NOT CAUSED IN ANY WAY BY THE NEGLIGENCE OR ANY ACT OR OMISSION OF THE CARLISLE SWIM CLUB, ITS EMPLOYEES AND/OR AGENTS. I/we have read the Waiver/Release Agreement and intend to be legally bound by the above.

Name (Please Print) _____ Name (Signature) _____

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