SHRSL REGISTRATION AND RELEASE FORM ***one form per swimmer*** Team:					
Swimmer Name	Last	First		M.I.	
Address					
City, State, Zip					
	Home Phone	e Number E	mail address		
	Sex	Birth date (MM/DD/	YYYY)	Age (5/31 Current	Season)
Amateur Athletic Waiver and Release of Liability - Adult or Minor					
	_	o participate in the Sou ogram (in any manner)			-
if they beli	eve anything is u	nting, they each will insurante, they will immed			
condition and refuse to participate. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result from their own actions, inaction, or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, there may be risks not					
known to us or not reasonably foreseeable at this time. 3. Assume all the foregoing risks and accept personal responsibility for the damages following such					
 injury, permanent disability or death. Release, waive, discharge and covenant not to sue SHRSL, their respective administrators, directors, agents, coaches, and other members of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the events, all of which are hereinafter referred to as Released Parties, from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the Released Parties or otherwise. Agree to abide by all UIL/SHRSL rules and regulations governing coaches and UIL participation. 					
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Participant Signate (If 18 or older)	ure		Date		_