## THE SUBURBAN AQUATIC LEAGUE SWIMMING AND DIVING CHAMPIONSHIPS LASALLE UNIVERSITY

ADULT:	TEAM CODE:
Printed Name	
IS THE ABOVE NAMED ADULT A COACH FOR THE TEAM NAMED ABOVE	(CIRLCE ONE): YES NO
IS THE ABOVE NAMED ADULT A PARENT OF A CHILD ON THE TEAM NAM	MED ABOVE (CIRCLE ONE): YES NO
CHILD #1:	CHILD #2:
Printed Name	Printed Name
·	CHILD #4:
Printed Name HOME ADDRESS:	Printed Name
THIS IS A LEGALLY BINDING AGREEMENT (the "Agreeme	ent") THAT YOU AGREE TO OF YOUR OWN FREE WILL.
I, on behalf of myself and/or my children (if a child is identified above), hereby ackn dangerous and that my/our participation in THE SAL SWIMMING & DIVING CHAN behalf of myself and/or my children (if a child is identified above), hereby assume to MEET. I, on behalf of myself and/or my children (if a child is identified above), for condition I/we may have.	MPIONSHIP MEET could cause me and/or my children great bodily harm. I, or the risk of my/our participation in THE SAL SWIMMING & DIVING CHAMPIONSHIF
If the children listed above are under 18 ("Child"), the Adult signing above and be and that Adult is signing above and below on behalf of the Child. No Child will be a in THE SAL SWIMMING & DIVING CHAMPIONSHIP MEET without an Agreement fu will be prosecuted to the fullest extent of the law, including (but not limited to) under the children of the law.	illowed access to THE LASALLE UNIVERSITY KIRK POOL COMPLEX or to participate ully signed by his/her parent or legal guardian. Any misrepresentation by Adul
In signing this Agreement, I, on behalf of myself and/or my children (if a child is recover, through a court of law or by other means, compensation for any personal arising out of, logically or causally related to, or in any way involving my/our partic presence at THE LASALLE UNIVERSITY KIRK POOL COMPLEX. In consideration for enter THE LASALLE UNIVERSITY KIRK POOL COMPLEX and to participate in THE SAI children (if a child is identified above), agree to release THE SUBURBAN AQUATIC agents, affiliates, successors, members, insurers, attorneys and assigns (the "Releatequity, in contract, in tort, or under common law, or under any state or federal states."	I injuries, including bodily injury or even death, or property damage, based upon cipation in THE SAL SWIMMING & DIVING CHAMPIONSHIP MEET and/or my/oui THE SUBURBAN AQUATIC LEAGUE and LASALLE UNIVERSITY allowing me/us to all SWIMMING & DIVING CHAMPIONSHIP MEET, I, on behalf of myself and/or my LEAGUE AND LASALLE UNIVERSITY and any of its officers, directors, employees ased Parties") from any and all claims, whether known or unknown, in law or in
I, on behalf of myself and/or my children (if a child is identified above), certify that injury or even death, or property damage that I/we may incur based upon, arisin children's participation in THE SAL SWIMMING & DIVING CHAMPIONSHIP MEET COMPLEX.	ng out of, logically or causally related to, or in any way involving my and/or my
I, on behalf of myself and/or my children (if a child is identified above), agree to liability, damages and costs, including (but not limited to) all attorneys' fees and way involving my/our participation in THE SAL SWIMMING & DIVING CHAMPIO COMPLEX.	court costs, based upon, arising out of, logically or causally related to, or in any
If there are any disputes regarding the Agreement, I, on behalf of myself and/or my within one year of the date of this Agreement and will be determined by ar Comprehensive Arbitration Rules and Procedures. I, on behalf of myself and/o Agreement is deemed unenforceable, the remaining portions shall remain in full for	rbitration before one arbitrator to be administered by JAMS pursuant to its or my children (if a child is identified above), agree that, if any portion of this
I, on behalf of myself and/or my children (if a child is identified above), acknow Agreement. I/we agree to FOLLOW ALL OF THESE RULES. My/our failure to follo the rules, I/we will be subject to expulsion from THE LASALLE UNIVERSITY KIRK PC	ow these rules could lead to harm to myself/us and others. If I/we fail to follow
ADULT SIGNATURE:	Date:
Emergency Contact:	
Printed Name	Phone Number