

2025 Richmond Metro Aquatic League (RMAL) REGISTRATION & WAIVER OF LIABILITY FORM

2025 Summer Swim Team Name: _____

Parent Name: _____
Name: Last, First, Middle

Address: _____
Street Address City State Zip

Parent Email: _____ Phone Number: _____

Swimmer Name (First, Last, Middle): _____ Date of Birth: _____

Swimmer Name (First, Last, Middle): _____ Date of Birth: _____

Swimmer Name (First, Last, Middle): _____ Date of Birth: _____

If swimmer(s) swims year-round for a USA or YMCA team, enter team: _____

If swimmer(s) swam for a different summer team last year, enter team: _____

MEDICAL INFORMATION AND WAIVER

List any known medical condition or allergies or if swimmer self-carries EpiPens or inhalers.

Insurance Co.: _____ Policy No.: _____
Family Physician: _____ Phone No.: _____
Emergency Contact: _____ Relationship: _____
Phone: (H) _____ (Cell) _____

The undersigned, as parent or legal guardian of the above-named swimmer(s), hereby gives permission for my child/children to participate in the aquatics program ("Summer Swim") sponsored by Richmond Metro Aquatic League and [ACAC Fitness & Wellness Centers] (the "Sponsors"). I acknowledge that swimming can be physically rigorous and dangerous. It entails known and unanticipated risks which could result in physical or emotional injury, death, or damage to my child/children, or to property, or to third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activity. My child's or children's participation in this activity is purely voluntary, and I elect to allow them to participate in spite of the risks. *I agree to waive and release the Sponsors, their officers, employees and agents from any and all injuries, costs, damages, causes of action, claims, direct or indirect, and any consequential and incidental damages arising out of or resulting from any injury, death, or damage to property which I or my child or children may sustain as a result of or arising out of participation in Summer Swim. I agree to indemnify, save, and hold harmless the Sponsors, their officers, employees and agents from any and all injuries, costs, damages, causes of action, claims and any consequential and incidental damages arising out of or resulting from my child's/children's participation in Summer Swim.*

I declare and affirm that my child/children are in good medical and physical condition, and participation in Summer Swim does not pose any danger to the health of my child/children. I further acknowledge and agree that my child/children are covered under a health insurance policy or other medical or health coverage and that such policy or coverage will be considered primary coverage for any and all purposes in the event of a covered injury or loss. Unless otherwise communicated to [ACAC Fitness & Wellness Centers], I further consent to medical treatment deemed necessary by swim coaches affiliated with swim team listed above, meet officials or medical personnel at meets in which my child/children participate(s).

I agree to abide by, and cause my child or children to abide by, the rules and regulations of RMAL and swim team listed above, as they now exist or may be amended at the reasonable discretion of the Sponsors.

I have read and understand the above and acknowledge my consent and agreement to the terms of this Waiver, Release and Indemnity for myself and my child/children. It is fraudulent for anyone other than a parent or legal guardian to sign.

Date: _____ Parent/Guardian Signature: _____

Date: _____ Swimmer Signature if 18 years old: _____

For purposes of this Agreement, a facsimile or other electronic version of a party's signature, such as a .pdf, printed by a receiving facsimile or printer shall be deemed an original signature.