



**SQUID Swim Team  
New Swimmer  
Information**

Name: \_\_\_\_\_

Phone/Contact Information: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**LIABILITY WAIVER**

I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all the risks inherent in Masters swimming (training and competition), including possible permanent disability or death, and agree to assume all of those risks. As a condition of my participation in the Masters Swimming Program or any activities incident thereto, I hereby waive any and all rights to claims for loss or damages, including all claims for loss or damages caused by the negligence, active or passive, of Colorado SQUID Swim Team, or any individuals supervising such activities.

Date: \_\_\_\_\_

\_\_\_\_\_  
New Swimmer's Signature