**Manheim Township Age Group Swim Program**

**Medical Release/Freedom from Liability Agreement**

Save harmless, the said Manheim Township School District Authority and/or the Manheim Township School District from any and all claims, suits, liabilities, litigations of any kind or nature, by reason of any injury, or alleged injury, damage or alleged damage, sustained or alleged to be sustained, by any person, firm, organization, or corporation, arising out of the use of said premises and facilities; and we further agree to indemnify the Manheim Township School Authority and/or the Manheim Township School District from and against all costs, counsel fees, expenses and liabilities incurred as a result of any such claims or any action or proceeding brought thereon.

I understand that Manheim Township School District does not carry medical or accidental insurance for high school campers and I certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (swimmer’s first and last name/names) are covered by an insurance policy and that the Manheim Township High School swim camp employees nor the Manheim Township School District will be held financially responsible for any injuries to the above named swimmer/swimmers. Further, I authorize treatment to be referred to local physicians and medical facilities at my own expense.

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to Athlete: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian’s E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Swimmer Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**