



# TRY OUT- MINOR

## Release and Indemnification Form

Participant's Full Name:

Guardian Contact Information

Phone Number:

Guardian's Full Name:

E-mail Address:

SPORT: (please check one) \_\_\_\_\_ Swimming      \_\_\_\_\_ Diving      \_\_\_\_\_ Water Polo

I am the Parent/Guardian of the above-named Participant who is under 18 years of age, and I am fully competent to sign this Agreement. I give permission for the Participant to participate in the above-referenced Activity. I acknowledge that the nature of the activity may expose Participant to hazards or risks that may result in Participant's illness, personal injury or death and I understand and appreciate that nature of such hazards and risks.

In consideration of Participant being permitted to participate in the Activity, I hereby accept all risk to my Participant's health and of his/her injury or death that may result from such participation and I hereby release the above named Institution, its governing board, officers, employees and representatives from any and all liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's participation in the Activity, whether caused by negligence of the Institution, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the described Activity.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY THE PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.**

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



**TEAM ASSIGNMENT:**

<b>Longhorn Aquatics Swimming</b>	
	National (N)
	National Development (ND)
	Senior (SR)
	Senior Longhorn (SRLH)
	Longhorn Plus (LHP)
	Longhorn (LH)
	Junior Longhorn (JRLH)

<b>Longhorn Aquatics Diving</b>	
	Podium
	Talent ID
	High School Training Diving
	14-18 Diving
	12-13 Diving
	11& Under Diving

<b>Longhorn Aquatics Water Polo</b>	
	Longhorn Novice
	Longhorn White
	Longhorn Orange

\_\_\_\_\_

Coach's Signature

\_\_\_\_\_

Date