

TRI-STATE REGIONAL SWIM MEET
SPONSORED BY CHILDREN'S SPECIALIZED HOSPITAL

March 3, 2012

RELEASE OF LIABILITY:

In consideration of the acceptance of this application, I/we hereby for ourselves, our heirs-assign, waive, and release any and all claims against Tri-State Regional Swim Meet sponsored by Children's Specialized Hospital, Children's Specialized Hospital, Kohl's, Rutgers University, Tri-State Wheelchair Athletic Association, Wheelchair and Ambulatory Sports, USA, and US Paralympics for all injuries and/or expenses incurred by me/us at the Tri-State Regional Swim Meet on March 3, 2012.

SIGNATURE OF ATHLETE: _____ DATE: _____

SIGNATURE OF PARENT /GUARDIAN: _____

DATE: _____

PERMISSION TO PHOTOGRAPH:

I hereby authorize the sponsors of the Tri-State Regional Swim Meet sponsored by Children's Specialized Hospital to take and use photographs of me/my child during the meet for publicity or for use in programs for future meets. These photos may appear on social media, websites or promotional material.

SIGNATURE OF ATHLETE: _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

