

Boston Synchronswim Inc  
Synchronized Swimming Waiver Form & Release of Liability

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Dear Synchro Participant and/or Parent/Guardian (the "Parent"),  
The following waiver is **required** for anyone participating in the synchronized swimming programs under the instruction of Boston Synchronswim School instructors. Parents are responsible for their child both before and after their sessions.

Name of Participant: \_\_\_\_\_ Age \_\_\_\_\_ School: Boston Synchronswim  
Years old

Name of Parent: \_\_\_\_\_

This is a binding legal agreement. As a Parent of the Participant in the programs, all activities and events of Boston Synchronswim Inc., the undersigned acknowledges and agrees to the following terms.

**Disclaimer**

Boston Synchronswim Inc., its directors, officers, members, employees, coaches, volunteers, officials, participants, school, agents, sponsors, owners/operators of the facility, and representatives (the "Organization") are not responsible for any injury, damage or loss of any kind suffered by a Participant during, or as a result of, any program, activity or event, caused in any manner whatsoever including, but not limited to, the negligence of the Organization.

**Description of Risks**

In consideration of my participation in such programs, activities and events, I hereby acknowledge that I am aware of the risks and hazards associated with or related to synchronized swimming. The risks and hazards of synchronized swimming include, but are not limited to:

- Injuries from executing strenuous and demanding physical techniques in synchronized swimming including boosts and lifts;
- Injuries from dryland training including weights, pilates, running, dance, bands, circus school and gymnastics;
- Injuries from entering the water by either diving or jumping;
- Injuries from spending extended times in chlorinated water including bacterial infections and rashes;
- Injuries from collisions with the pool wall or pool bottom;
- Injuries from extended time underwater;
- Injuries from physical contact with other participants including spotters whose role is to enhance safety and learning;
- Injuries from strenuous cardiovascular workouts;
- Injuries from exerting and stretching various muscle groups; and
- Travel to and from competitive events and associated non-competitive events which are an integral part of the organization's activities.

Furthermore, I am aware:

- That injuries sustained in synchronized swimming can be severe;
- That I may come into close contact with other participants, including the possibility of accidental and unexpected touching;
- That I may experience anxiety while challenging myself during the activities;
- That my risk of injury is reduced if I follow all rules adopted during training; and
- That my risk of injury increases as I become fatigued.

**Release of Liability**

In consideration of the Organization allowing me to participate, I agree:

- a) To assume all risks arising out of, associated with or related to my participation;
- b) To be solely responsible for any injury, loss or damage that I might sustain while participating; and
- c) To release the Organization from liability for any and all claims, demands, actions and costs that might arise out of my participating, even though such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by the negligence of the Organization.

I acknowledge that I have read this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives.

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Signature of Parent

Date

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Signature of Witness

Boston Synchronswim Inc  
Consent for Emergency Medical Treatment

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I, \_\_\_\_\_, the participant, parent/guardian of the participant give permission to the officials, coaches and school representatives of Boston Synchronswim Inc. to make decisions concerning my medical care and treatment, and where necessary to authorize such care and treatment in emergency situations.

I understand that the officials, coaches, club representatives and administrators of Boston Synchronswim will make every reasonable effort, in the circumstances, to contact the emergency person designated to my home club or, in the case of a Boston Synchronswim specific program, the emergency contact I name regarding my medical status in the event an emergency arises. In the event that they cannot be reached in an emergency I hereby give my permission to the licensed physician, dentist, athletic therapist, nurse or other medical professional whose services might be required to provide medical care and treatment.

By signing here, I indicate that I have the understanding and capacity to communicate health care directives for myself and that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the officials, coaches, club representatives and administrators of Boston Synchronswim.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_