

AGREEMENT, RELEASE AND WAIVER OF LIABILITY

In consideration of becoming a member of Galveston Lifeguarding Assoc. Inc Surf Club, on behalf of myself, heir, next of kin, personal representative, successor or assign;

I ACKNOWLEDGE, UNDERSTAND AND DECLARE THAT:

- I am 18 years old or older, and if I am not 18 years old or older, I have parental or legal guardian approval to be become a member of Galveston Lifeguarding Assoc. Inc Surf Club
- To the best of my knowledge, I am in GOOD PHYSICAL CONDITION and have no disease or injury that would prevent me from participating in any activities through the Galveston Lifeguarding Assoc. Inc Surf Club
- Participating in Galveston Lifeguarding Assoc. Inc Surf Club may involve RISK OF INJURY TO ME, INCLUDING DEATH, LOSS OR DAMAGE TO ME OR MY PROPERTY, or other consequences, which might result not only from my own actions, in-actions or negligence, but also the actions, in-actions or negligence of others, or the conditions of the premises or of any equipment used;
- There may be OTHER RISKS not known or not reasonably foreseeable;

and understanding all of the above,

I ASSUME ALL OF THE ABOVE RISKS AND RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE:

- Galveston Lifeguarding Assoc. Inc or it's Surf Club
- Galveston Island Beach Patrol, the Park Board of Trustees of the City of Galveston or any of its agencies, its Board of Directors, its employees, affiliated with their programs;
- Any other participants, municipalities, governmental agencies

I CONSENT TO:

- ALL EMERGENCY MEDICAL TREATMENT as may be deemed appropriate under existing circumstances by medical personnel or personnel associated with Galveston Island Beach Patrol or Galveston Lifeguarding Assoc. Inc Surf Club

I HAVE READ THIS FORM IN ITS ENTIRITY AND HAVE PROVIDED TRUTHFUL INFORMATION.

Name of Member _____

Date of Birth _____

Address _____

City, State, Zip Code _____

Telephone _____

E-mail _____

Membership: Alumni Associate Park Board Department _____

T-Shirt Size: small medium large x-large xx-large

Signature of Athlete _____ Date _____

Signature of Parent / Legal Guardian _____ Date _____
Of Minor Member

500 meter Swim Time: _____ Timer: _____ Date: _____