

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, _____ (“Participant”), acknowledge that I have voluntarily applied to participate in the following activities at the Streamline Teams Swim Lessons: Swimming and exercise

I AM AWARE THAT THESE ACTIVITIES COULD CAUSE INJURY AND/OR CAUSE CONTACT WITH COVID-19. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

I verify this statement by placing my initials here: _____

Parent or Guardian’s initials (if under 18): _____

As consideration for being permitted to participate in these activities and use premises and facilities, I forever release Streamline Teams LLC, Ashley Graves, Carolina Trace Country Club, all pool locations, any coaches, employees, volunteers, affiliated organizations, and their respective representatives, agents, contractors and/or employees (collectively “Releasees”) from any and all actions, claims, or demands, whether known or unknown, foreseeable or unforeseeable that I, my assignees, heirs, distributes, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributes, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND RELEASEES, AND SIGN IT OF MY OWN FREE WILL.

If Signed by Parent or Guardian: I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them.

Executed in Lee County, North Carolina, on the _____ day of _____, 2024.

PARTICIPANT/RELEASOR: _____

Signature

Address

PARENT OR GUARDIAN: _____ *Signature*

Address

IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED