CONSENT, RELEASE AND WAIVER OF LIABILITY FOR PARTICIPATION IN THE 2010 GAINSBOROUGH CLUB, INC. STINGRAYS and NEMO SWIM TEAMS

PLEASE READ CAREFULLY AND COMPLETELY BEFORE SIGNING

I grant permission for my child or children (Please print) _____, _____, _____, _____, to participate in the Gainsborough Club, Inc. Swim Team or Nemo Club (hereinafter referred to as the "Swim Team"). I understand that the word "staff" as used herein, shall include all coaches, agents, officers, directors, employees, lifeguards, and parent volunteers of the Gainsborough Club, Inc. or the Swim Team.

I understand that in order to participate in the Swim Team, my child(ren) must abide by the established rules and codes of conduct established by the staff. The Gainsborough Club Inc. reserves the right to dismiss a child from the Swim Team for the child's disruption of the team activities, including but not limited to verbal or physical aggression against a member of the staff or other participants.

I understand that participation in the Swim Team involves physical activities, including swimming. I understand and agree to assume any and all risks associated with the Swim Team's activities. I grant permission for my child(ren) to participate in activities of the Swim Team.

I grant permission for my child(ren) to be photographed for purposes of publicity. I understand that some photographs may appear in local newspapers, the Gainsborough Club, Inc. website or future brochures.

If any illness, injury or accident occurs which, in the sole judgment of the staff requires immediate medical attention, I give my consent for any member of the staff to obtain emergency treatment. I further consent to the signing of any releases by any member of the staff, which may be required by any medical care provider. I further understand that in the event of an emergency medical situation I will be notified as soon as possible. I also agree to provide the staff with emergency contact numbers.

I further understand that the cost of any medical treatment deemed necessary for treatment of any emergency illness, injury or accident occurring while my child(ren) is participating in Swim Team activities is my responsibility, and that the Swim Team, the Gainsborough Club, Inc., their members individually, their officers, directors, agents, lifeguards, coaches and employees are not obligated to pay for such medical care.

For the sole consideration of the Gainsborough Club, Inc. allowing my child(ren) to participate in the Swim Team, I hereby release and forever discharge the Swim Team, the Gainsborough Club, Inc., their members individually, their officers, directors, agents, lifeguards, coaches and employees from any and all claims, demands, rights and causes of actions of whatever kind that I may have either arising from or by reason of any personal injury or property damage resulting from or in any way connected with my child(ren)'s participation in the Swim Team.

I further covenant and agree that for the consideration stated above I will not sue and will indemnify and hold harmless the Swim Team, the Gainsborough Club, Inc., their members individually, their officers, directors, agents, lifeguards, coaches or employees for any claim for damages arising or growing out of my child(ren)'s participation in this program.

I have received a copy of this document and I certify that I am at least 18 years of age and have read the above carefully before signing.

This _____ day of _____, 2010

_____ Signature of parent or legal guardian

_____ Name of parent or legal guardian Print