



VOLUNTEER APPLICATION  
120 FINDERNE AVE., BRIDGEWATER, NJ 08807  
908-685-0040

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Zip Code: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

“I hereby waive, release, remiss and discharge on behalf of myself, my heirs, my executors, and my administrators all claims for damages and otherwise that I may come to have against SWIM, Inc., its officers directors, volunteers, and agents, and/or any entity or individual providing facilities and services to SWIM, Inc. for the conduct of its programs, by reason of any damage, injury, illness or death that I may suffer as a result of participating in any SWIM, Inc. program.”

“I understand that as a volunteer I am personally assuming all risks of participating in programs conducted or sponsored by SWIM, Inc. and of using the facilities being provided by SWIM, Inc. or being made available to SWIM, Inc. for its programs.”

I \_\_\_\_\_ give my consent to have my picture taken and used by SWI, Inc. for Marketing, Website, Public Relations and any other promotions!

Read, Understood and Agreed:

X \_\_\_\_\_  
Volunteer Signature

Chapter: \_\_\_\_\_

SWIM representative accepting this release:

\_\_\_\_\_  
Date: \_\_\_\_\_

**A signed copy of this form is necessary for your admission to chapter sessions in other pools.**  
*Recreational Water Therapy Programs for Adults with Muscular Imparment*