



SPECIALIZED WATER INTEREST MOVEMENT, INC., • 120 FINDERNE AVENUE, BRIDGEWATER, N.J. 08807 • (908) 685-0040

Release Form for SWIM, Inc. Volunteers

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

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
\_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

“ I hereby waive, release, remise 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.”

Read, understood, and agreed:

\_\_\_\_\_  
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.