

Charles River Aquatics

Consent and Release Agreement

I certify that my swimmer, _____, participating in the event or practice at the Charles River Aquatics operated facility at BSI, does so voluntarily, understands the risks inherent in participation, and assumes all risks related to participation including, but not limited to; accident, illness, permanent disability, or death, including personal, bodily or mental injury of any nature, and possible exposure to the virus that causes COVID-19.

With the authorized signature below, I, _____, certify that I do FOREVER RELEASE Charles River Aquatics, Inc. (CRA), Boston Sports Institute, their respective trustees, officers, employees, volunteers, students, agents and assigns from any cause of action, claims, or demands of any nature whatsoever, including but not limited to a claim of negligence now or in the future against, Charles River Aquatics, Inc. (CRA), Boston Sports Institute on account of personal injury, bodily injury, property damage, death or accident of any kind, arising out of or in any way related to participation howsoever the injury is caused.

Swimmer's Name (Printed)

Parent/Guardian's Name (Printed)

Relationship to Swimmer

Parent/Guardian's Signature

Date