



VOLUNTEER RELEASE FORM

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

Date : _____

**RELEASE FORM FOR
S . W . I . M . , I N C . V O L U N T E E R S**

Name : _____ Phone: () _____
(please print)

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 S.W.I.M., Inc., its officers, directors, volunteers and agents, and/or any entity or individual providing facilities and services to S.W.I.M., 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 S.W.I.M., Inc. program."

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

Read, understood, and agreed:

Volunteer Signature

Chapter: _____

S.W.I.M. 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 Impairment