



Volunteer Release Form

SPECIALIZED INTEREST WATER MOVEMENT • 36 MORRISTOWN ROAD, BERNARDSVILLE, NJ 07924 • (908) 766 6085

Release Form for SWIM, Inc. Volunteers

Name _____ Date _____
 Address _____ Phone(_____) _____
 _____ Zipcode _____
 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.”

Read, understood and agreed:

✓ _____
Volunteer Signature

Chapter: _____

SWIM representative accepting this release: _____

Date: _____

A signed copy of this form is necessary for you admission to chapter sessions in other pools

Aquatic Exercise Programs for Adults with Mobility Impairments