

Harpswell Community Swim 2026 - Family / Individual Registration

Release from Liability: In consideration of the permission granted to the below-named parties by the Town of Harpswell to participate in the Community Swim Program during JAN - APR 2026, I, _____ (self/parent/guardian), hereby release and discharge the Towns of Harpswell, Topsham, Bowdoinham, Bowdoin and Bowdoin College, its agents and officers, from all actions, causes of actions, damages, claims or demands which I, my heirs, executors and administrators and assigns may have against the aforementioned parties for all personal injuries, known or unknown, which they have or may incur by participation in the above mentioned activities. That I am considered the guardian of any guests I bring, and that they are subject to the same release and discharge from liability stated above. I realize that I must provide my own health/accident insurance for injuries that I or my child may sustain while participating in the above-mentioned activities. I also acknowledge that any guests I bring must provide their own health/accident insurance for injuries that they may sustain while participating in the above-mentioned activities. I give the pool supervisor permission (in my absence) to obtain whatever medical treatment may appear or be necessary in the event of illness or injury.

I have read and understand the swimming regulations. I agree to the Release from Liability and carry medical insurance.

Signature: _____

Name					
Address					
City		State		Zip Code	
Phone					
E-mail					

Medical Insurance Card:

Scan/e-mailed

Copy Provided

Card scanned at pool

On file

[illegible]