

MEDICAL RELEASE

To: Ashley Pointe Board of Directors

Dear Sirs:

I, _____, release Ashley Pointe Pool, Subdivision and Board of Directors of any responsibility for injury or harm to my child/children listed below while he/she/they are participating in any organized swimming activity at Ashley Pointe Pool during the 2007 South Belt Area Swim Team (SBAST) swimming season.

Child/Children

Signed: _____

Date: _____