



ASSUMPTION OF RISK & RELEASE OF LIABILITY FORM

King Faisal Specialist Hospital, Riyadh

Activity: RSL Citywide 2025

Facility: KFSH Main Pool

Dates: December 12th, 2025

Swimmer Full Name: _____

Swimmer Iqama Number: _____

I, _____ (parent/guardian), hereby knowingly and voluntarily release, indemnify, and hold harmless the King Faisal Specialist Hospital, Riyadh Swimming Teams, RSL, and any employees, officials, and volunteers from all claims, demands, costs, charges or expenses for any harm, injury, damage, or loss which I or my dependent(s) may sustain in any way connected to the above activity. I hereby assume all risks related to participation in the event, both known and unknown.

I have read the above waiver and release, understand that I have given up substantial rights by signing it, and do so voluntarily in consideration of gaining access to the King Faisal Specialist Hospital, RC.

Signature: _____ **Date:** _____

The Parent or Guardian must sign if the participant is under 18 years of age.

No modification or alteration of this form shall be permitted or accepted.