# Rosemead Rapids Authorization And Release Form

## PLEASE READ CAREFULLY

I, the undersigned, request voluntary participation for ("Minor") to participate in all events, including but not limited to swim meets, practices, social events, and transportation to and from these activities ("activities") sponsored by Rosemead Rapids, Southern California Swimming, USA Swimming and/or its local swimming committees.

1. I consent to Minor's participation in the activities and acknowledge that Minor and I fully understand Minor's participation may involve risk of serious injury or death, including losses which may result not only from Minor's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with Minor's participation with the activity coordinators and event staff before any activities begins.
2. In consideration of allowing Minor to participate in activities, I hereby release and hold harmless Rosemead Rapids, and their members of its board of directors, officers, coaches, volunteers, other participants, and agents (collectively, the "Released Parties"), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain, and on behalf of Minor, with respect to any and all damage and/or injury, of any type, arising from Minor's participation in the activities.
3. The undersigned parent/guardian further agrees to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising from Minor's participation in the activities. The undersigned also agrees that this Authorization and Release Agreement extends to all acts of negligence by the Released Parties and is intended to be as broad and inclusive as is permitted by the laws of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
4. I certify that Minor is in good health and has no physical condition that would prevent participation in the activities. In case of an emergency and if you cannot contact me, I hereby consent to any X-ray examinations, anesthetic, medical or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code §2000 et. seq.; or any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any dentist licensed under the provisions of the Dental

Practices Act, California Business and Professions Code §1600 et. seq. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care to provide authority and power on the part of Crown City Aquatics Club, including its coaches and agents, to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician or dentist, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of California Family Code §6910. These authorizations shall remain effective so long as Minor participates in activities unless sooner revoked in writing delivered to Crown City Aquatics Club.

5. Rosemead Rapids has a website and publications that include photos of swim team participants. I consent and agree that photographs of Minor taken by Rosemead Rapids or its agents or other designated personnel, may be used on its website or in its publications.
6. I acknowledge receipt of Swim Team Policies and Safety Rules. Rosemead Rapids reserves the right to terminate Minor's participation for failure to observe and abide by all rules and requirements of the team, including Swim Team Policies and Safety Rules, and for failure to timely pay membership fees.
7. I acknowledge receipt of Parent Participation Requirement and understand the volunteer policy.

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Name of Minor Participant

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Name of Parent/Legal Guardian

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Signature of Parent/Legal Guardian

Date: _____