



2025 Colorado All Star Team Medical Release Waiver

I, _____, being the parent or legal guardian of _____ hereby give my permission for any supervisor, coach or other team administrator associated with the **Colorado Swimming 2025 All Star Team** to seek and give appropriate medical attention for our child(ren) in the event of accident, injury, illness. I will be responsible for any and all costs associated with any necessary medical attention and/or treatment.

I hereby waive, release and forever discharge **Colorado Swimming** and associated supervisor(s), coach(es) or other team administrator(s) from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during participation in **Colorado Swimming 2025 All Star Team** activities, whether or not damages or loss is due to negligence. I hereby acknowledge that my children is (are) physically fit and capable of participation in all Swim Team activities.

I understand that in such a case reasonable attempts would first be made to contact me; time and conditions permitting. As long as the medical/surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice, I impose no specific limitations or prohibitions regarding treatment other than those that follow (if none, then please state so).

Medication	Schedule

Medical & Insurance Information

Insurance Provider:		Policy Number:	
Policy Holder:		Type of Insurance:	
Family Doctor:		Contact Number:	
Allergies:			
Other Important Info:			

Parent/Legal Guardian Signature: _____ Date: _____

Competition: Midwest All Star Championships, Jan. 10-12, 2025, Des Moines IA