

Medical Release Waiver

I certify that I am the parent or legal guardian for my child(ren). I hereby give my permission for any supervisor, coach or other team administrator associated with the **Elkhart United Aquatics** to seek and give appropriate medical attention for our child(ren) in the event of accident, injury, illness. In case of a minor emergency (cuts, scratches, headache, etc.), I (we) give permission to the coaches to treat these as they deem necessary. In the event of a more serious emergency, I give permission for it to be handled in the best manner as determined by the coaches of Elkhart United Aquatics until I am able to be contacted. I absolve Elkhart United Aquatics and its coaching staff from all liability while acting on my behalf in this regard. 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 **Elkhart United Aquatics** and associated supervisor, coach or other team administrator from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during participation in **Elkhart United Aquatics** 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.

TO THE ATTENDING PHYSICIAN OR HOSPITAL:

Receipt of my consent prior to my child receiving major surgery is needed unless the medical options of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before any surgery is performed.

I understand that all electronic forms constitute a legally binding contract.

