PERMISSION TO PARTICIPATE IN A KENTUCKY AQUATICS-SPONSORED ACTIVITY

I, _____, legal guardian of _____, a minor athlete, give express written permission for my child to participate in the activity of _____.

I release and indemnify Kentucky Aquatics, and their officers, representatives, volunteers, and employees from liability, claims, judgments, cost or expenses, including attorney fees, arising out of any injury or illness incurred by my child while participating in the activity or event.

I understand that my child must cooperate with the agents of Kentucky Aquatics in charge of the activity or event and understand that my child must comply with all program codes of conduct.

I authorize the agents of Kentucky Aquatics to address my child's injury, illness, or medical emergency during the activity or event including the authority to give any and all consents and authorizations to medical or any other emergency actions.

I understand that the agents of Kentucky Aquatics will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.

I have carefully read this statement, and my signature acknowledges that I agree to the items above and fully understand the content and meaning.

Signature of Parent/Guardian_____ Date_____/_____/_____

Address_____ City_____ State_____

Phone (home)_____ (work)_____ (cell)_____

Emergency Contact_____ Phone_____ Work/Cell_____