

## **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 **Landen Stingrays Swim Team** to seek and give appropriate medical attention for our child(ren) in the event of accident, injury, or illness. I will be responsible for any and all costs associated with any necessary medical attention and/or treatment.

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration for any treatment deemed necessary by the doctor defined in your account or the event the designated preferred practitioner is not available by another physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history should be noted on the medical portion of your swimmer's account.

## **LIABILITY RELEASE WAIVER**

I hereby waive, release and forever discharge **Landen Stingrays Swim Team** 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 **Landen Stingrays Swim 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.

By registering my child(ren) with the **Landen Stingrays Swim Team**, in conjunction with **Woodfield**, I agree to participate (or allow my child(ren) and family members to participate) in the **Landen Stingrays Swim Team**, and hereby release **Landen Stingrays Swim Team and Woodfield**, its directors, officers, agents, coaches, and employees from liability for any illness or injury that might occur to myself (or to my child(ren) and family members) while participating in the **Landen Stingrays Swim Team** program, including travel to and from training sessions, swim meets or other scheduled team activities.

I agree to indemnify and hold harmless the above mentioned organizations and/or individuals, their agents and/or employees, against any and all liability for personal illness or injury, including illness or injuries resulting in death to me, my child(ren) and/or other family members, or damage to my property, the property to my child(ren) and/or other family members, or both, while I (or my child(ren) or family members) participating in the **Landen Stingrays Swim Team** program.