

MEDICAL WAIVER, RELEASE AND AUTHORIZATION FORM

SWIMMER INFORMATION

SWIMMER FIRST _____ LAST _____

BIRTHDATE _____ / _____ / _____

AGE: _____ **GENDER:** MALE FEMALE

ADDRESS _____

PARENT GUARDIAN INFORMATION

PARENT/GUARDIAN FIRST _____ LAST _____

PHONE (H) _____ MOBILE _____ WORK _____

EMERGENCY CONTACT _____ NUMBER _____

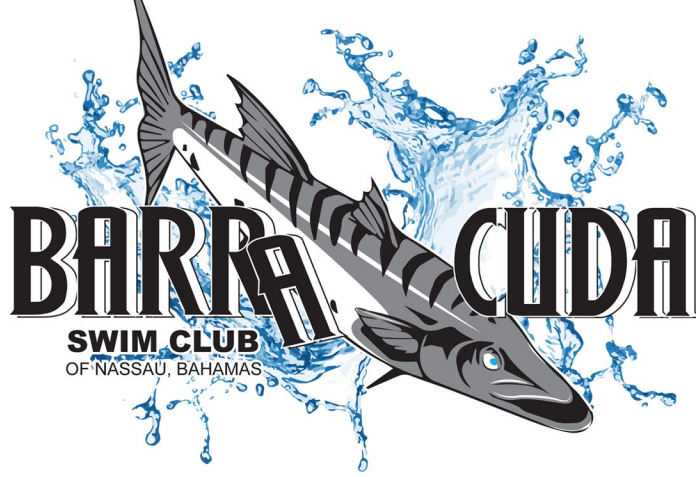
RELATIONSHIP _____

MEDICAL COVERAGE INFORMATION

COMPANY _____ ID# _____

KNOWN ALLERGIES _____

CURRENT MEDICATION _____



WAIVER/RELEASE

Waiver and Consent (To Be Completed by the Swimmer's parent if under 18 years old)

*As used in this form: **BARRACUDA SWIM CLUB** includes its officers, coaches, sponsors, supervisors, and agents; "child" includes ward.*

I understand that there are certain risks of injury associated with swimming and related activities at a pool, as well as in traveling and other related activities incidental to my child's participation in swimming lessons and training. I willingly assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the sport of swimming and related activities and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the BARRACUDA SWIM CLUB for any injury that may be suffered by my child in the normal course of participating in the designated sport and the activities incidental thereto, and I undertake to hold BARRACUDA SWIM CLUB harmless from any and all liability, actions, causes of actions, debts, claims and demands of every kind and nature whatsoever, which may arise or arises from or in connection with my child's participation in swimming or related activity, the use of the site pool, except where such risks arise due to the gross negligence and or willful misconduct of BARRACUDA SWIM CLUB.

- o I certify that my child is physically fit and has been informed by a physician that he/she can participate in the BARRACUDA SWIM CLUB programme.*

- o I certify that my child has the following medical condition: _____ and has been informed by a physician that he/she can participate in the BARRACUDA SWIM CLUB programme.*

In the event of an emergency, every effort will be made by BARRACUDA SWIM CLUB to notify the parent or guardian immediately. Should emergency medical treatment be required for the child the undersigned hereby grants to BARRACUDA SWIM CLUB the right to give consent for such treatment on behalf of the undersigned. In the event that emergency medical treatment is provided to the child, the undersigned hereby guarantees payment of any and all costs and expenses incurred in connection with the same.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND IS A CONTRACT BETWEEN ME AND THE BARRACUDAS SWIM CLUB, AND I SIGN IT OF MY OWN FREE WILL.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____
