

## WST Waiver/Medical Authorization

Swimmer: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Medical Release Form – Winchester Swim Team 2022 Parental Consent:** This medical release form must be signed by a parent or legal guardian for EACH swimmer of the Winchester Swim Team. If the swimmer is 18 years of age or older, the swimmer must also sign this form.

**Medical Release:** I certify that, to the best of my knowledge and belief, that the above listed swimmer is in good physical condition and has no condition which would impair participation in the program. In case of injury, I hereby give the Winchester Swim Team (aka Franklin County Swimming, Inc), its coaching staff, Winchester SwimPlex and its employees permission to act on my behalf in seeking medical treatment from any licensed physician, hospital or clinic for my child in the event that such treatment is deemed necessary. I give permission to those administering medical treatment to do so using methods deemed necessary. I absolve Winchester Swim Team (aka Franklin County Swimming, Inc), its coaching staff, the Winchester SwimPlex and its employees, from liability while acting on my behalf in this regard:

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Swimmer Signature (if over 18) \_\_\_\_\_ Date \_\_\_\_\_

Emergency contact if parents are not available;

Name/Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Medical conditions and/or allergies we should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Photo/Video Waiver:** For valuable consideration received, I hereby grant the Winchester Swim Team the irrevocable and unrestricted right to use and publish photographs/videos of my child, in which my child may be included, for advertisement purposes and any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same. I hereby release Winchester Swim Team (aka Franklin County Swimming, Inc) from all claims and liability relating to said photographs. This waiver is for minors only. A minor is defined as anyone who has not achieved their 18th birthday. This waiver is effective for 1 year from the signature date and will be void only when another waiver form is received by Winchester Swim Team or the minor achieves their 18th birthday.

\_\_\_\_\_ I do agree to this waiver and understand my/my child's picture may be posted online, bulletin board or any location.

\_\_\_\_\_ I do not agree to this waiver. My/ my child's picture cannot be posted online, on a bulletin board or any location.

**Team Swim Suit:** Parents will be responsible for ordering your child's suit during the appropriate time. Team Suits are mandatory.

\_\_\_\_\_ I agree to be responsible for purchasing swimsuit and for any necessary suit exchanges.

**Transportation:** Not provided.

\_\_\_\_\_ I agree that it is the swimmers', their parents/guardians', or designated representatives responsibility to provide transportation to, from and during any program of the Winchester Swim Team and that any transportation provided by representatives of the Winchester Swim Team is not being provided on behalf of Winchester Swim Team, and is strictly voluntary on the part of the person providing that transportation.

**Authorization:** I hereby give consent for my child to participate with Winchester Swim Team in Year Round USA Swimming and/or Academy or Peeps Program and agree to the terms in this packet. In consideration of being permitted to participate as a member for the Winchester Swim Team, I hereby release, discharge and agree to hold harmless the Winchester Swim Team (aka Franklin County Swimming, Inc) and its coaches, employees and volunteers, the Winchester SwimPlex and its agents and employees, together with its successors and assigns, from any and all liability for injuries to property or person suffered as a result of participation as a member of the Penguins Swim Team.

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Parent/Guardian Signature/ Relationship to Swimmer/ Date

\_\_\_\_\_/\_\_\_\_\_

Swimmer Signature (if over 18)/Date