

# Medical Forms, Waivers and Photo Release

## 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 **Flying Fish Arizona Swim Team** to seek and give appropriate medical attention for our child(ren) in the event of accident, injury, illness. 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 **Flying Fish Arizona 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 **Flying Fish Arizona 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.

\*\*\*THIS IS SIGNED ELECTRONICALLY USING OUR ONLINE REGISTRATION\*\*\*\*

## Liability Waiver

By registering my child(ren) with the **Flying Fish Arizona Swim Team**, I agree to participate (or allow my child(ren) and family members to participate) in the **Flying Fish Arizona Swim Team**, and hereby release **Flying Fish Arizona Swim Team**, its directors, officers, agents, coaches, and employees from liability for any injury that might occur to myself (or to my child(ren) and family members) while participating in the **Flying Fish Arizona 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 injury, including 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 **Flying Fish Arizona Swim Team** program.

\*\*\* THIS IS SIGNED ELECTRONICALLY ONLINE DURING REGISTRATION\*\*\*\*

## Photo Opt In

I consent to have images of my child captured through video, photo and digital camera to be used solely by FAST for promotional and training purposes and waive any rights of compensation or ownership thereto.

\*\*\* THIS IS SIGNED ELECTRONICALLY ONLINE DURING REGISTRATION\*\*\*

**Medical Information and Allergies**

This is to be filled out online in your account profile for your swimmer. Please also notify your coach of any allergies or medical conditions that they need to be aware of during practice.