

PARTICIPANT WAIVER OF RESPONSIBILITY FORM

Name of Participant (PRINT)

I, the undersigned, by participating in Guthrie Center Swim Team understand and agree that such activity has certain inherent risks that can and do result in injury that can be serious, life limiting, and life threatening.

I understand that the team/City **DOES NOT** provide medical/dental insurance for the Guthrie Center Swim Team.

I, the undersigned, agree to release the Guthrie Center Swim Team and the City of Guthrie Center, its' elected officials, employees or volunteers from any and all claims resulting from any and all injuries sustained while participating in swim team except that arising out of the sole negligence of the Guthrie Center Swim Team or the City of Guthrie Center, its' elected officials, employees or volunteers.

Signature of Parent/Legal Guardian

Date Signed

NOTE: A signed participant waiver/emergency form must be on file at City Hall prior to entering the aquatic center either for swim team practice or a swim meet.

GUTHRIE CENTER SWIM TEAM EMERGENCY FORM

Name of Participant (PRINT)

Birth Date

Contact Information

Guardian/Parent's Name

home number

work number

Guardian/Parent's Name

home number

work number

Alternate Contact Person

home number

work number

Please list any allergies and/or medical conditions that the coaching staff needs to be aware of along with any medications that your child may be taking.

Medical Contact Information

Family Physician

telephone number

Family Dentist

telephone number

In the case that a parent/guardian is not available: I do give permission for my child to be given first aid treatment and/or be transported to the nearest medical facility for necessary treatment.

Signature of Parent/Legal Guardian

Date Signed