

## PARENT'S APPROVAL AND WAIVER

\_\_\_\_\_ (Name of minor) has my (our) permission to participate in BTW Swim Team Retreat at Camp Loughridge, 4900 W. 71<sup>st</sup> Street, Tulsa, OK 74131 on October 7, 2017 5:00 PM until October 8, 2017 at 9:00 AM.

I (we), as parent(s) or guardian(s) of the minor, do hereby, for my (our) \_\_\_\_\_ (Son/Daughter) Myself, my (our) heirs, executors and administrators, remise, release and forever discharge BTW Swim Booster Club Inc, and all its officers, employees and agents, acting officially otherwise, from any and all claims, demands, actions or causes of action on account of referred. I hereby certify the minor is my (our) \_\_\_\_\_ (son/daughter) and that his/her date of birth is \_\_\_\_\_ (date).

And I (we) do hereby certify that to the best of my (our) knowledge and belief said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I (we) hereby advise that the above named minor has had the following allergies, medicine reactions or unusual physical condition which should be made known to a treating physician. (If none, please write the word "none".)

\_\_\_\_\_

1. \_\_\_\_\_  
Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_  
2. \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ Phone \_\_\_\_\_

3. Alternate Adult Contact: \_\_\_\_\_  
\_\_\_\_\_

Print Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Phon \_\_\_\_\_