

Richland Waves Medical Release Form

| Swimmers | Diabetic (Y/N) | Seizures (Y/N) | Allergies (Y/N) | Epi- pen/Inh aler (Y/N) | Restrictions (details) |
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***** If your child has a prescription for an epi-pen or inhaler you must get a spare to be kept in the team first aid box. It will be returned at the end of the swim season.*****

Parents' Names: _____

Emergency Contact Information:

Home Number: _____

Mother's Work: _____

Mother's Cell: _____

Father's Work: _____

Father's Cell: _____

Insurance Company: _____ Group #: _____

Medical Waiver:

I, the undersigned, hereby certify that I am the parent or legal guardian of the above named swimmer(s). I hereby give permission for any supervisor associated with Richland Waves Swim Team to seek and give appropriate medical attention for our child(ren) in the event of an accident, injury, illness. I, the undersigned, will be responsible for any and all costs associated with any necessary medical attention and/or treatment.

I, the undersigned, hereby waive, release and forever discharge Richland Waves Swim Team and associated supervisors from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during participation in swim team activities, whether or not damages or loss is due to negligence. I hereby acknowledge that the swimmer(s) named above is (are) physically fit and mentally capable of participation in all swim team activities.

Signature of Parent/Guardian

Date