



Age as of July 1, 2024

_____ Years Old

JONES BEACH LIFEGUARD CORPS

JUNIOR LIFEGUARD COMPETITION TEAM 2024

Team Member Last Name:		Address:	
Team Member First Name:		City:	
Team Member Middle Name:		State:	
Email: (Print Carefully)		Zip:	
Home Phone:		Emergency Contact Names & Phone Numbers:	
Cell Phone:			

Waiver:

In consideration of being allowed to participate in any way in the 2024 Jones Beach Junior Lifeguard Competition Team, which includes related event activities, the undersigned acknowledges and fully understands that each participant will be engaging in activities that involve risk and the potential for serious injury, including permanent disability and death and economic loss, which might result not only from their own actions, inactions or negligence, but the action or negligence of others, the rules of play, or the condition of premises or of any equipment used; and that there may be other risks not known or reasonably foreseeable at this time; and that the undersigned's participation is voluntary and agrees to:

· I assume any and all risks of personal injuries to the undersigned, which are in any way related to this activity, including but not limited to practice for the event, and authorize local emergency medical services to render any medical treatment that may be deemed necessary for me, including transportation to a hospital. I give authorization to a licensed physician or surgeon to provide care and emergency medical treatment when necessary. I agree to pay all costs related to emergency care, transportation, and treatment caused by or arising from participation in this activity.

· I, the undersigned, intending to be legally bound for myself, my son/daughter/legal guardian, my heirs, executors and administrators, waive, release any and all rights and claims for damages I may have against New York State Office of Parks, Recreation and Historic Preservation-Long Island Region, Natural Heritage Trust, Bob Adler, any lifeguards and/or coaches, all sponsors, volunteers, the people of the State of New York, their official agents and employees, for all injuries suffered in this activity.

· I agree that prior to my participation in this activity, I will inspect the facilities, equipment, and areas where the event or activity is being conducted and if I believe any of them are unsafe will immediately advise the person supervising the activity, facility, or area, and will discontinue participation until the safe condition is resolved.

· I grant full permission to any and all foregoing to use any photographs, videotapes, motion pictures, recordings, or other records of this activity for any legal purpose whatsoever and to all phases of publicity, promotion and advertising.

· I warrant that I am in good health and have no physical condition that would prevent me from participating in this activity.

· I have read the above waiver and release, and understand that I have given up substantial rights by signing voluntarily.

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Name: (please print) _____