



Waiver of Liability / Medical Release & Treatment Authorization

I, the Parent or Legal Guardian of (list all participating swimmer names) _____

_____, hereby acknowledge and agree to the following:

Waiver of Liability: Participation in swim practice and competition carries with it potential hazard and risk of bodily and other injuries. I, therefore, release the Wildcat Swim Club, coaches, officials, and any agents, employees, directors or others involved in any swim activities for which my child or ward (identified above) is registered from any claim for any injury or harm incurred as a result of such activity.

We hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Seymour Wildcat Swim Club, The Seymour Department of Parks and Recreation and/or The Town of Seymour and any of their employees, servants or agents and to hold harmless from and against any and ALL LIABILITY, FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF INJURY TO THE PERSON ARISING OUT OF OR RELATED TO ANY EVENT(S), WHETHER CAUSED BY THE NEGLIGENCE OF the Seymour Wildcats Swim Club, and/or the Town of Seymour or otherwise, our swimmer(s) may suffer, or to our heirs, assigns, or personal representatives for personal injury. This shall include, but is not limited to, injury, death, or sickness occurring in connection with or aggravated by his/her/their participation in the Wildcat Swim Club program and any consequences resulting directly or indirectly from that program.

I have read this release and waiver of liability, assumption of risk and indemnity, fully understand its terms, and understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Medical Release & Treatment Authorization: I give my permission to the Wildcat Swim Club personnel to authorize any and all medical attention required by my child or ward (identified above) in the event of an accident, sickness, illness or injury of whatever nature while engaged in or associated with competitive swimming or other Club activities until I can be contacted. I also hereby assume the responsibility for payment for any such treatment given pursuant to this authorization. In addition, there are no medical conditions that I am aware of that would preclude my child from engaging in competitive swimming and related activities:

Insurance Company: _____

Insurance Group #: _____ Other Insurance ID#: _____

Physician: _____

Physician Phone #: _____

Allergies/Medication/Medical Conditions: _____

Emergency Contact Name: _____

Relationship: _____

Phone #: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____