

# Marshall Parks and Recreation

1538 East Vest Street · Marshall, MO 65340

(Phone) 660-886-7128 · (Fax) 886-7228

## Marshall Tide - Swim Team

Please Circle the Age Group Your Child Will Be In:

Ages 6 & Under	Ages 7- 10	Ages 11-18
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Child's Name (First, Middle, Last)		Preferred Name
Email	Birthday	Gender Male    Female
Home Address	City	State / Zip
Mother's Name	Cell Phone	Work / Home Phone
Father's Name	Cell Phone	Work / Home Phone
Emergency Contact (Other than parents)	Relationship	Day Time Emergency Phone
Medical Information-		

Parent Volunteer (Please Choose Minimum One)-

Timer / Judges	Stroke Judge	Bullpen Organizer	Time Enter
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FOR OFFICE USE ONLY

DATE:	AMOUNT DUE:	PAYMENT: CASH / CARD Ck # _____	RECEIVED BY:
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### WAIVER AND RELEASE FROM LIABILITY

**Liability Waiver:** I understand that the Marshall Parks and Recreation assumes no responsibility for injuries or illnesses, which I may sustain as a result of my physical condition, or resulting from my observation or participation in any activity or use of facilities or equipment used for activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses, which may result from my participation in these activities. I hereby release and discharge the Marshall Parks and Recreation, its agents, servants, and employees from any and all claims of injury, illness, death, loss or damage, which I may suffer as a result of my participation in these activities.

**Property Loss:** I understand that the Marshall Parks and Recreation is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using Marshall Parks and Recreation facilities or on Marshall Parks and Recreation program premises.

**Photography Permission:** I give my permission for the Marshall Parks and Recreation to use, without limitation or obligation, photographs, film footage, or tape recordings, which may include my image or voice for purposes of promoting or interpreting Marshall Parks and Recreation programs.

**Insurance:** I understand it is my responsibility to provide for my own (and other members of my family if applicable) accident and health coverage while participating in all Marshall Parks and Recreation activities. The Marshall Parks and Recreation does not provide any accident or health insurance for its participants.

**Medical Release:** I authorize the Marshall Parks and Recreation, as my agent, to give consent to surgical or medical treatment by a licensed physician or hospital when the physician deems such treatment necessary if I cannot be contacted within a reasonable time or otherwise unable to give such consent. I authorize the Marshall Parks and Recreation to give first aid, CPR or other treatment by a qualified staff member.

**Medical Clearance:** If I answer "yes" to any of the following questions, I understand that it is my responsibility to complete an Informed Consent Waiver, which may be obtained from the Marshall Parks and Recreation office.  Has a doctor ever informed you that you have high blood pressure?  Have you ever had a heart attack, heart surgery or any type of heart problem?  Do you have any serious orthopedic problem?  Are you pregnant?  Is there any reason why you believe you should not be engaged in exercise?

**Acceptance:** This waiver and release is given for myself and on behalf of all the minor members of my family listed, if any. I acknowledge the conditions for membership state above. If any portions of this waiver are held to be invalid I agree that the remaining terms shall continue to be full legal force and effect. **I have read, or have had read to me, and voluntarily sign this waiver and release from liability.**

X \_\_\_\_\_

Signature (Parent or Legal Guardian for those under 18 years old)

\_\_\_\_\_ Date