

LAST NAME: _____

Southampton Swim Club Swim Team Liability Release Form

ATTENTION PARENT OR GUARDIAN:

Please read and sign the waiver & medical release below.

Waiver: I fully comprehend the risk of personal injury and damage with regard to my child's participation in the activities with the Southampton Swim Club Swim Team and agree to assume such risk. I further waive any and all claims for personal injury and property damage of any kind or character whatsoever, against Southampton Swim Club Swim Team or Southampton Swim Club, Inc., SSC Board Members, team officials and volunteers. I hereby release the foregoing from liability from any claims, which may arise from, or occur as a result of my minor child's participation in the team activities.

By signing this form, I acknowledge that I have read and fully understand my own liability and do accept the restrictions.

Printed name of my participating minors	Age

Consent for Medical Treatment of Minors: In the event of my absence from the Southampton Swim Club premises or swim team event at which my child is present, I hereby authorize any dually authorized doctor, emergency medical technician, hospital or other facility to treat said minor(s) while he/she/they are participants or observers at any Southampton Swim Club Swim Team practice, meet or scheduled activity. I authorize any licensed physician to perform any procedure as deemed advisable.

Printed Name Guardian / Guardian Signature / Date

MEDICAL ALLERGIES (for treatment purposes only):