

2018 PINEBROOK SWIM CLUB, INC. SAFETY and MEDICAL RELEASE FORM

Every member must have this form completed before he/she may swim. You must have an updated form on file every year before your first visit to the pool – NO EXCEPTIONS

I (We), the undersigned, and/or parent(s) or legal guardian(s) of minor child (children) listed below on this instrument do hereby authorize Pinebrook Swim Club, Incorporated to seek medical attention for all of the listed family member(s) in the event any listed family member(s) should become ill or injured during the period of the year 2018 swim season. I (We), the undersigned and/or parents(s) or legal guardians(s) of listed minor child (children), also agree not to hold any Staff Member or Board Member of Pinebrook Swim Club, Incorporated responsible for any medical treatment rendered to any listed family member(s) during the 2018 swim season. I (We) have listed any special medical conditions, allergies, medications (including directions), the name of the Family Primary Care Physician and emergency contact of all listed family member(s) in our 2018 Membership Application. I (We), the undersigned, have reviewed the safety regulations/rules of the pool with all listed family member(s) and understand all safety regulations/rules and acknowledge that the Staff of Pinebrook will not tolerate unsafe behavior while utilizing the facilities. I (We,) the undersigned and/or parents(s) or legal guardian(s), agree not to hold any Staff Member or Board Member of Pinebrook Swim Club, Incorporated responsible for any injuries sustained by any listed family member(s) at the facilities and/or grounds of the Pinebrook Swim Club, Incorporated during the 2018 swim season.

I (We), the undersigned, and/or parent(s) or legal guardian(s), sign my (our) name(s) this the _____ day of _____, 2018, and do hereby declare that I (we) sign and execute this instrument as a Pinebrook Swim Club, Incorporated Safety and Medical Release Form.

(Undersigned and/or Parent or Legal Guardian)

(Printed Name)

(Undersigned and/or Parent or Legal Guardian)

(Printed Name)

Home Address: _____

Telephone Numbers

(Primary - Father/Mother): _____

(Primary - Father/Mother): _____

(Work - Father/Mother): _____

(Work - Father/Mother): _____

PARENT(S) OR LEGAL GUARDIAN(S)

MINOR CHILDREN:
