

Agreement Release and Waiver of Liability

Name of Participant _____

In consideration of the opportunity to participate in the Irvington Club's 2017 Swim Team. I agree as follows:

1. I understand and acknowledge that participation in the program may be dangerous and may involve risks which include, but are not limited to, bodily injury, partial or total disability, paralysis and death. I also understand and acknowledge that the social and economic losses or damages which can result from those risks and dangers can be severe and that not all such risks and dangers may be known or reasonably foreseeable at this time. I accept the responsibility for losses or damages resulting from all such risks and dangers involved in participation in the program.

2. I agree to take appropriate precautions for my own safety and that of others when participating in the program and further agree that, before participating I will inspect the facilities and equipment to be used and will, if I believe anything is unsafe, immediately advise the person in charge of that unsafe condition and will refuse to participate.

3. I hereby release, waive and discharge The Irvington Club, its coaches, instructors, officials and volunteers engaged by ITC, in the conduct of the program, and ITC officers, directors, agents and employees, from all liability to me and to my conservators, guardians or other legal representatives, assigns, heirs and next of kin for any and all claims, demands, losses or damages on account of any injury, death or damage to property, arising out of my participation in the program, whether on ITC premises or elsewhere, including transportation of myself and/or my child/ward to and from events and venues.

4. If competing in an offsite event/venue, I assume responsibility for transportation of myself and/or my child(ren)/ward(s) to and from those events and/or venues.

5. I also hereby agree to indemnify and to hold harmless from any claim or demand on account of injury or damage which I may suffer as a result of participation in the program ITC and all other persons mentioned in Paragraph 3.

6. I understand that this release, waiver and agreement to indemnify and hold harmless includes, but is not limited to, damages which are caused, or alleged to be caused, in whole or in part by the negligence of ITC and the individuals listed in Paragraph 3.

I have read the above agreement of release and waiver of liability and understand that by signing it I have given up substantial rights. I sign this agreement voluntarily.

Signature of Participant or parent if under 18: _____ **Date:** _____

If participant is not over 18 years of age, please complete the following:

I am the parent or legal guardian of the participant named above, who is under the age of 18 years, and who wishes to participate in The Irvington Club's program described above in paragraph 1. In consideration of The Irvington Club's allowing my child or ward to participate in that program, I hereby agree to indemnify The Irvington Club and all other persons described in Paragraph 3 above, and to hold each and all of them harmless from any claim or demand on account of injury to or damage suffered by my child or ward as a result of participation in that program, whether on The Irvington Club premises or elsewhere.

I acknowledge it is my responsibility to deliver my child(ren) to the program and to pick up my child(ren) promptly upon the scheduled conclusion of the program. If competing in an offsite event/venue, I assume responsibility for transportation of myself and/or my child(ren)/ward(s) to and from those events and/or venues.

This agreement includes, but is not limited to, claims or demands on account of injury or damage caused or allegedly caused by the negligence of The Irvington Club or any of the individuals listed in Paragraph 3, above.

Signature of Parent or Legal Guardian _____

Date _____

Parent's consent for medical treatment

I do not wish to provide consent for medical treatment. I wish to provide consent and have completed the form below.

Parent Name _____ **Child's name** _____

Address _____ **City/State** _____ **Zip** _____

Phone (home) _____ **(work)** _____ **(mobile)** _____ **(other):** _____

I, _____ natural parent and/or guardian of _____, a minor child, do hereby fully authorize the The Irvington Club staff or designated chaperones to act on my behalf in the event my child(ren) is the victim of an accident, injury or illness that requires immediate medical or surgical care. Actions on behalf of my child(ren) shall include but not be limited to authorization for The Irvington Club coaching staff or other chaperones to arrange for such medical care as they deem appropriate, substantiated by local medical advice, and to give any required consent for such medical care.

I acknowledge that it is my responsibility to advise the The Irvington Club, in writing, of any allergies, medical problems or prescription medicine requirements that would be pertinent in the treatment of my child(ren).

Parent's signature _____ **Date** _____

Medical Insurance Company Name and Plan # _____

Primary Physician Name _____ **Physician Phone:** _____

Known Allergies, Medical Conditions, or Prescription Medications: _____
