

Millard Aquatic Club

Tryout Liability Waiver

Child's Name _____

Date of Birth _____ Child's Age _____

Parent(s)/Guardian(s) _____

Email Address (this will be the email address for your MAC website account):

PLEASE ATTACH A COPY OF CHILD'S BIRTH CERTIFICATE, PASSPORT, OR MILITARY ID WITH THIS WAIVER.

A child may not participate in a Millard Aquatic Club tryout without this signed waiver and one of the above documents.

Please return both documents to millardaquaticclub@gmail.com with the word TRYOUT in "Subject" line.

I hereby grant permission for my child to participate in a prospective member tryout with the Millard Aquatic Club. I do further indemnify and hold harmless the Millard Aquatic Club and its officers, agents, employees, volunteer help, any community organization co-sponsoring the program and the Millard School District, from and against any and all liabilities for any injury which may be suffered by my child arising out of or in any way connected with his/her participation in the program named above, including but not limited to losses or liabilities arising out of the act or omissions of the Millard Aquatic Club or its officers, agents, employees, volunteer help, any community organization co-sponsoring the program and the Millard School District.

As a parent and/or guardian of the child named above (the "Child"), I authorize a qualified and licensed medical doctor to treat the Child in the event of a medical emergency which, in the opinion of the attending physician, may endanger the Child's life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach the below named.

Signed _____ Date _____

Printed Name of Above _____ Contact # _____

For MAC Use Only: Assigned Practice Group _____ Date _____