



WAIVER/RELEASE FROM LIABILITY AND CONSENT FOR EMERGENCY MEDICAL TREATMENT

I am the parent or legal guardian for _____ whom I have registered to participate in the **Licking County Family YMCA (LCFY) Swim Team**.

I acknowledge that _____ is physically fit and capable of participation in all LCFY Swim Team activities, including, but not limited to: swimming, diving, training (both in-pool and dry land) and competition.

Recognizing the possibility of physical injury associated with swimming, and associated training and activity, and for the Licking County Family YMCA accepting my children for their programs and activities, I hereby waive, release and forever discharge the Licking County Family YMCA and associated employees, coaches, officers, directors, or parent volunteers, and any facility used by the LCFY Swim Team from claims for damages, injury, loss to person or property which may be sustained or occur during participation in the LCFY Swim Team activities including, but not limited to, practice, meets, travel and other team activities, or while using facilities leased or used by the LCFY Swim Team, whether or not damages or loss is due to negligence.

I agree to indemnify and hold harmless the above mentioned organizations and/or individuals, their agents and/or employees, against any and all liability for personal injury, including injuries resulting in death to me, my child and/or other family members, or damage to my property, the property of my child and/or other family members, or both, while I my child or other family members are participating in the LCFY Swim Team.

AUTHORIZATION TO OBTAIN EMERGENCY TREATMENT:

In case of accident, injury, or illness of whatever kind or nature and however caused, in the event I am unavailable or unable to be reached in a timely manner, I hereby give the LCFY Swim Team coaching staff, parent volunteers, and/or other employees of the Licking County Family YMCA permission to act on my behalf in seeking emergency medical treatment from any licensed physician, dentist, hospital or clinic for my child in the event that such treatment is deemed necessary while my child is participating in LCFY Swim Team activities.

As further consideration for acceptance of my child in the LCFY Swim Team program I agree to be responsible for and/or reimburse the LCFY coaching staff, parent volunteers, and /or other employees of the Licking County Family YMCA for any and all costs associated with any necessary medical or dental attention and/or treatment. I hereby release and absolve the Licking County Family YMCA, the Licking County Family YMCA swim team and its coaching staff, other employees and parent volunteers from all liability while acting on my behalf in this regard.

Date: _____ Signature of parent/legal guardian _____

Print name of parent/legal guardian _____