



CSP TIDERIDERS™ SWIMMING Medical Information

Swimmer's Name _____

Training Group _____

Emergency Contact Name _____ Phone _____

Physician's Name _____ Phone _____

Dentist Name _____ Phone _____

Preferred Hospital _____

Medical Insurance Company _____ Policy Number _____

For Certifications call _____ To Verify Eligibility call _____

Do you have (If yes, please describe)?

1. Physical Disabilities _____
Chronic Illness _____
Convulsions or Seizures _____
Other Medical Problems _____
Allergies _____
Height _____ Weight _____

2. Date of last tetanus shot: /_/_/_/___

3. Are you presently under a doctor's care? _____

4. Do you regularly take any medication? _____

5. My child may be administered an (adult-child) dosage of
___ Tylenol ___ Aspirin ___ Ibuprofen ___ Pepto Bismol ___ Other

If the CSP Tideriders™ representatives are unable to contact a parent or the named emergency contact at the time of an accident or illness, I give my permission for my child _____, date of birth ___/___/___, to be taken to the nearest hospital or medical center for emergency treatment. I agree to assume full financial responsibility for all costs associated with transportation, examination or treatment, and I hereby specifically consent to the performance of any medical procedure by licensed physicians upon a finding of need. ***I hereby release The CSP Tideriders™, its officers and its employees from any and all liability associated with the performance of their responsibilities hereunder.***

Date ___/___/___

Signed _____

Parent or Guardian



RELEASE, PHOTO AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

The undersigned,

Mother (name printed) or of _____
Name of Child (printed)

Father (name printed)

in consideration of and for the opportunity to participate in activities with and obtaining services from the Clayton Shaw Park Swimming Team (a/k/a CSP Tideriders Swim Team), USA Swimming, Ozark Swimming, Inc. and any directors, officers, employees or agents of the Clayton Shaw Park Swimming Team (a/k/a CSP Tideriders Swim Team), USA Swimming or Ozark Swimming, Inc. (hereinafter, each of the above parties are collectively referred to as the "Swim Team") hereby on their/his/her own behalf and on behalf of their/his/her child **release the Swim Team, acquit and waive any claim for liability against the Swim Team, from any and all** claims, demands, damages, actions or causes of action, whether or not now known or contemplated, on account of any personal injury, including death, or damages to personal property sustained or suffered by the undersigned or their/his/her child **caused by or due to the negligence or fault of the Swim Team or otherwise** arising from said child's participation in or obtaining services from the Swim Team, including, but not limited to, any event, travel, practice or any other activity related to or involving the Swim Team.

The undersigned acknowledge(s) that they understand that from time to time and on different occasions and at different locations said child may participate in a Swim Team event, practice or any other activity related to or involving the Swim Team.

It is expressly understood and agreed that this Release and Waiver of Liability and Indemnity Agreement ("Agreement") is intended to cover and does cover not only all known injuries, losses and damages but any future injuries, losses and damages not now known or anticipated but which may later be sustained, develop or be discovered, including the effects and consequences thereof. It is further expressly understood and agreed that this Agreement shall be deemed to be a release, waiver of liability, indemnity discharge and covenant not to sue and shall bind the undersigned, their/his/her child and each of their respective heirs, executors, administrators, personal representatives and assigns. This Agreement may be pleaded as a counterclaim to or as a defense in bar or abatement of any action taken by or on behalf of the undersigned or said child. In the event it is necessary for a counterclaim to be asserted or for any other action to be taken to enforce the provisions of this Agreement, the undersigned hereby agrees to indemnify and hold harmless the Swim Team against all loss or expense incurred in connection herewith, including, but not limited to, the payment of attorney's fees and reasonable costs.

It is further understood and agreed that the undersigned shall defend, indemnify and hold the Swim Team harmless from and against any claims asserted by, on behalf of or through the undersigned or their/his/her child, including claims that the negligence of the Swim Team caused or contributed to cause, in whole or in part, any personal injuries sustained or suffered by the undersigned or their/his/her child.

The undersigned agree(s) that this Agreement and any claim arising out of said child's participation in or obtaining services from the Swim Team shall be construed in accordance with the laws of the State of Missouri, without regard to its conflict of laws provision and that the courts in St. Louis County, Missouri shall be the forum for any lawsuits arising from any such claim.

Photographs and/or motion picture or videotape for which s/he posed, and/or audio recordings made of her/his voice may be used by CSP Tideriders, its assignees or successors, and USA Swimming in whatever way they desire, including television and electronic media. This release is valid for one year.

I HAVE READ THE ABOVE AND FULLY UNDERSTAND ITS PROVISIONS.

Mother (signature) Date

OR

Father (signature) Date