



CONSENT FOR EMERGENCY MEDICAL TREATMENT

If I cannot be reached and In the event of a medical emergency, the undersigned Parent(s)/Guardian(s) of the above named participant(s), hereby grants authorization to the Colorado Dolphins, and its representatives, to employ any legally licensed physician or health care facility on behalf of each of the undersigned, and to direct and/or order emergency medical treatment for the above named participant(s). Each of the undersigned further agrees that neither the Colorado Dolphins, nor any of its representatives shall be liable under any circumstances to anyone for exercising the foregoing authority in the event of an emergency.

ASSUMPTION OF RISK AND WAIVER OF CLAIMS AND LIABILITY - COVID 19

NOTICE: This is a legally binding document. Please read it in its entirety before completing and signing. Members may not participate in any Colorado Dolphins sponsored activities without first completing and submitting this form.

COVID-19 WARNING

The Novel Corona Virus 2019 (COVID-19) is an extremely contagious virus that spreads easily person to person. COVID-19 infections have been confirmed throughout the United States, including Colorado. Federal and state authorities recommend social distancing as well as wearing face coverings as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Colorado Dolphins sponsored programs and activities, including, but, not limited to, lap swimming, camps, clinics, swimming practice, dryland activities, meets, or any other Colorado Dolphins (PHINS), could increase the risk of contracting COVID-19.

PHINS is implementing as many procedures and precautions as possible to prevent the spread of COVID-19 during PHINS activities. Despite these precautions, PHINS in no way warrants or guarantees that PHINS members and their families will not be exposed to or contract COVID-19 through participation in PHINS Activities. Thus, PHINS strongly discourages swimmers who are at high risk or who have parents/guardians who are at high risk for severe illness from participating in PHINS Activities.

For more information about who is at high risk for severe illnesses and how to prevent contracting and/or spreading COVID-19, please go to: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

By completing and signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I, my children and/or my family may be exposed to and infected with COVID-19 while participating in PHINS Activities and that such exposure or infection may result in illness, personal injury, permanent disability, and/or death. I also understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, PHINS's employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury resulting from exposure to COVID-19 (including, but not limited to, personal injury, disability, and/or death) to myself, my children and my family. I understand that any time a swimmer or parent feels like the risk is too great to the swimmer or swimmer's family, the swimmer and/or parent may decide to leave or not attend the PHINS Activity.

On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless PHINS and its employees, agents, and representatives, of and from any claims arising out of the my, my children and/or my family's exposure to COVID-19, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any and all claims based on the actions, omissions, or negligence of PHINS and its employees, agents, officers, directors and representatives, whether a COVID-19 infection occurs before, during, or after participation in any PHINS Activity.

Further Covid-19 Release to participate in FFC8 facilities

FFCHS Clinic Medical and Liability Release:

_____ (participant name)
elects to take part in this athletic camp, which is sponsored by the FFCHS athletic department. I/We understand that our son/daughter is required to be in good physical shape and condition and that the activities, which he/she will be asked and expected to participate in, are strenuous and require physical and athletic agility. I/We understand that this sport is an activity in which the risk of injury is possible. I/We have also discussed this with our child and among ourselves. Despite this understanding of the possibility of serious injury and the risks involved, we still consent to the participation in this activity by our son/daughter. I/We represent to that, to the best of our knowledge and belief, our son/daughter has no physical, medical, or mental disability or other limitation that would restrict his/her ability to fully participate in this activity. I/We agree to, and by the signing of the agreement, release the coaches, volunteers, and staff of Fountain-Fort Carson High School, and the Board of Education from any claim of negligence by ourselves, our son/daughter, our heirs, executors and assigns, from any liability arising from claims for damages for injury to our son/daughter and any claims for loss or damage to his/her property which may arise out of his/her participation in this Fountain-Fort Carson High School athletic camp. I/We further acknowledge that the above individual is covered by health insurance the particulars of which are described below. I hereby agree that we are responsible for any required medical treatment, and give permission for my child to receive medical treatment in the event that I am unable to be contacted. In order that participant may receive necessary treatments, I hereby hold Fountain-Fort Carson High School, its athletes and coaches harmless in the exercise of this authority.

By signing this agreement, I also agree to ensure that I and my family understand and will follow all of the procedures precautions put in place by PHINS.

Signature of Non-Minor Member

Date Signed

A PARENT OR LEGAL GUARDIAN MUST COMPLETE THE REMAINDER OF THIS FORM FOR MINOR MEMBERS OF PHINS:

Signature of Parent or Legal Guardian

Date Signed

Parent Name (Print)

Best Phone:

Best Email: _____

Emergency Contact Name & Phone:

State any pre-existing conditions, allergies, medications, etc:

NAME(S) OF YOUR MINOR CHILD(REN) PARTICIPATING IN PHINS ACTIVITIES				
First Name	Last Name	Date of Birth	Grade	I am the (check one) of this minor:
				I am the (check one) of this minor: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian
				I am the (check one) of this minor: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian
				I am the (check one) of this minor: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian
				I am the (check one) of this minor: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian
				I am the (check one) of this minor: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian

Parents/caregivers are welcome in the pool lobby and on the outdoor pool patio ONLY. The pool and pool deck facility are limited to PHINS coaches and athletes, please no parents/caregivers. Fully vaccinated adults are not required to wear masks. Adults that are not fully vaccinated should wear masks. Athletes of current minor age below 18 need to wear masks while not actively participating in practice. Participants are asked to arrive no more than 10 minutes early (and not less than 5 minutes early) for their practice to check-in and have their temperature taken. If your PHIN is not feeling well for any reason, please stay home and return when they are feeling well. 😊