AGREEMENT 1: MEDICAL RELEASE WAIVER

I certify that I am the parent or legal guardian for my child(ren). I hereby give my permission for any supervisor, coach or other team administrator associated with the **Battleground Area Swim Team** to seek and give appropriate medical attention for our child(ren) in the event of accident, injury, illness. I will be responsible for any and all costs associated with any necessary medical attention and/or treatment.  
  
I hereby waive, release and forever discharge **Battleground Area Swim Team** and associated supervisor, coach or other team administrator from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during participation in **Battleground Area Swim Team** activities, whether or not damages or loss is due to negligence. I hereby acknowledge that my children is (are) physically fit and capable of participation in all Swim Team activities.

AGREEMENT 2: LIABILITY WAIVER

By registering my child(ren) with the **Battleground Area Swim Team**, I agree to participate (or allow my child(ren) and family members to participate) in the **Battleground Area Swim Team**, and hereby release **Battleground Area Swim Team**, its directors, officers, agents, coaches, and employees from liability for any injury that might occur to myself (or to my child(ren) and family members) while participating in the **Battleground Area Swim Team** program, including travel to and from training sessions, swim meets or other scheduled team activities.  
  
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(ren) and/or other family members, or damage to my property, the property to my child(ren) and/or other family members, or both, while I (or my child(ren) or family members) participating in the **Battleground Area Swim Team** program.

AGREEMENT 3: USA Swimming - Battleground Area Swim Team Registration



**MEDICAL AUTHORIZATION:**The above-named children have our permission and consent to participate in team activities. In the event of  illness or injury to any of the above named children while participating in any such BLAST activity, practice or competition, and in the event a parent or guardian is not present, and after an attempt has been made to reach a parent or guardian of the children informing them of such injury or illness, either the BLAST team coach(s) or official chaperone(s) are hereby authorized to obtain treatment by a medical doctor for said children as fully as a parent or guardian could authorize if he/she were present, it being understood that it is the responsibility of the parent or guardian to maintain the above contact information current and that a phone call to the any/either of the above listed work number(s) during normal business hours (hereby presumed to be weekdays between 8 am and 5 pm) or home number at any other hour shall constitute an attempt to contact the parent or guardian. This authorization shall remain in effect until such time as it is either terminated by written notice, or is superseded by a more current version.

**RELEASE:**The undersigned hereby releases and agrees to hold harmless DPISD, BLAST, its coaches, official chaperone(s) and team representatives from any and all claims, liability, cost and expense arising out of, or resulting from participation in any such activities as described above, competition, or from the procurement of medical treatment for the above-listed swimmers.

**FEE PAYMENT/TEAM POLICIES**: I understand that monthly training fees are billed in advance and are due by the 3rd of the month, and a late fee will be charged if not received by the 10th of the month. I must notify the team 30 days in advance if the swimmer[s] listed above is/are going “inactive;” otherwise, I am responsible for the full month’s fees. I further understand that monthly training fees are not prorated based on the number of days the listed swimmer[s] do or do not attend practice in any given month, nor are they affected by a specific practice pool’s availability. I agree to abide by the team policies as posted and updated periodically on the team’s website. I fully understand it is my responsibility to make myself aware of the existence of these policies, and keep myself updated on any changes made to these policies. **ELECTRONIC PAYMENTS**: I understand I must make my payments for fees owed to the team either via automatic electronic bank draft or automatic credit card payments. Once my registration is processed, I will submit my bank or credit card info into the team’s secure web-based payment processing system to allow for automatic monthly payment transactions from my bank or credit card account.

Signature of parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGREEMENT 4: Agreement to Use Photograph

I grant to **Battleground Area Swim Team** the right to take photographs of my child in connection with the above-identified organization. I authorize **Battleground Area Swim Team**, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that **Battleground Area Swim Team** may use such photographs of my child with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content. I have read and understand the above.