



## Liability and 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 **Lone Star 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.

By registering my child(ren) with the **Lone Star Swim Team**, I agree to participate (or allow my child(ren) and family members to participate) in the **Lone Star Swim Team**. In consideration of participation in the Lone Star Swim Team program:

I hereby authorize, in the event my child suffers injury, any director, coach, medical attendant, or adult leader of the LSST program to consent to emergency medical treatment for my child when I cannot be contacted to so consent. Such medical treatment may include, without limitation, x-ray examination, anesthetic, medical, surgical examination or treatment and general hospital care. No prior determination of life threatening emergency or danger of serious or permanent injury resulting from delay of treatment need be made under this authorization. This authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, and is given to provide authority and power on the part of a supervisor or medical attendant of the LSST program to give specific consent to any and all such examination, treatment, or hospital care.

I specifically give my consent for first aid treatment with bandages and antibiotic ointment (*Neosporin, Neomycin, Mycitracin, Bacitracin, and/or Polymyxin*), Hydrogen Peroxide, Vaseline, Ibuprofen, Naproxen and/or Tylenol.

I and my child hereby release, absolve, hold harmless and forever discharge **Lone Star Swim Team** the directors, coaches, medical attendant, and adult leaders of the Lone Star Swim Team, and the facility where any of its programs or events are held, from any and all liability for all losses, damages or injuries occurring as a result of my child's participation in LSST's activities including travel to and from training sessions, swim meets or other scheduled team activities and whether or not damages or loss is due to negligence. I further agree to make or cause to be made, by assignment of third party benefits or otherwise, full and complete payment for examination, treatment or hospital care required in the case of a medical emergency.

I understand that reasonable precautions will be taken to make the program safe and beneficial for all children, but that risk of injury cannot be eliminated entirely, and that this release is necessary for my child to participate in the LSST program.

I hereby verify that I understand and accept the terms of this Authorization, and that my child is in good physical condition and not limited to participate in any physical activities of the LSST program.