

Sarpy County Swim Club

Medical Release



AUTHORIZATION FOR MEDICAL SERVICES

I hereby give consent for USA Swimming to provide me with medical care and treatment and emergency medical services associated with participation in this competition. Additionally, I hereby agree that in the event I elect to obtain any of these services or treatments from any sources, other than those provided or approved by USA Swimming, I shall accept full and complete responsibility. I further authorize the release of any medical information necessary to process a claim for accident/medical payment insurance for an injury or illness incurred while I am participating as a member of the USA Swimming delegation at this competition.

ASSUMPTION OF RISK OF SERIOUS INJURY

I understand and appreciate that my participation in the sport of swimming carries a risk of serious injury, including permanent paralysis or death. I voluntarily and knowingly recognize, accept and assume this risk.

RELEASE

The undersigned, parent(s), natural guardian(s), or legal guardian(s) of the minor attending the activity does thereby represent he/she (they) is (are), in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties herein referred to above, as releases, from all liability, loss, cost, claim, or damage whatsoever may be imposed upon said releases because of any defect in or lack of such capacity to so act and release said releases behalf of both of the undersigned.