

**CORVALLIS AQUATIC TEAM**  
**TRAVEL and MEDICAL RELEASE**  
**Valid September 1, 2020 – August 31, 2021**

I, \_\_\_\_\_, hereby agree to allow \_\_\_\_\_ to travel with the Corvallis Aquatic Team, Inc. ("CAT") in accordance with the travel policy set forth by the CAT. I fully understand my / my child's participation in travel may involve risk of serious injury or death, including losses which may result not only from my or my child's own actions, inactions or negligence, but also from the actions, inactions or negligence of others. I understand and agree that certain adults that have been deemed as CAT chaperone(s) and/or coaches may be driving or supervising this activity(ies) and that such chaperones and/or coaches may be using his or her privately owned vehicle to transport athletes. I agree that I or my child may travel with a chaperone and or coach which may not be of the same gender. I hereby release Corvallis Aquatic Team, its directors, officers, agents, coaches, chaperones, and employees from liability for any injury that might occur to my child, while participating in the Corvallis Aquatic 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, or damage to my property, or the property of my child.

I understand and agree that the terms of this contract shall apply to all team trips, meets, and activities within the dates specified above.

I hereby give my consent to the individuals (CAT Coaches and/or parent chaperones) leading trip to arrange for routine or emergency medical and/or dental care and treatment necessary to preserve the health of my child. In the event that my child is injured or ill while under the care of the trip leaders, I hereby give permission to any of the trip leaders named above to provide first aid for my child and to take the appropriate measures, including contacting the Emergency Medical Service (EMS) system and arranging for transportation to the nearest emergency medical facility.

In making medical decisions on my behalf for the benefit of my child, I direct that the trip leaders attempt to contact me. However, if medical care becomes essential, I give permission to any of the trip leaders named above to make decisions regarding such treatment as deemed appropriate by the medical doctor, hospital or their authorized designee. In furtherance of any treatment decisions to be made on my behalf for the benefit of my child, I authorize the trip leaders to request, obtain, review and inspect any and all information bearing upon my child's health and relevant to any such decisions to be made respecting such treatment.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Swimmer Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

In case of emergency, if parents cannot be reached, contact:

Name: \_\_\_\_\_ Relationship to swimmer \_\_\_\_\_

Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**Medical Information:**

Health Insurance Company: \_\_\_\_\_ Insurance phone # \_\_\_\_\_

Insured Name \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Doctor phone # \_\_\_\_\_

Allergies: \_\_\_\_\_ Immunizations Current: \_\_\_yes \_\_\_no

Current Medications And Frequency: \_\_\_\_\_

Additional Medical Information: \_\_\_\_\_