

Medical Treatment Permission And Release and Indemnity Form

We, being the parents/guardians of _____ herby authorize the Monett Swim Team and its designated coaches, officers, directors, chaperones, and other representatives to act as according to their best judgment and ability in any emergency requiring medical or surgical care and treatment that may be required for my child (children) in my absence. We accept full financial responsibility for such care and treatment.

In consideration of my child (children's) membership and participation in the Monett Swim Team, we herby waive any and all claims, demands, damages, actions and causes of action for injury, accident, disability, or liability of any kind belonging to my child (children) and/or the undersigned in any way resulting, directly or indirectly, from activities of and participation with the Monett Swim Team and its coaches, officers, directors, chaperones, and their representatives, herby agreeing to repay them any sum of money that any of the may hereafter be compelled to pay on account of injuries to my child (children) because of the activities of and/or my child (children's) participation with the Monett Swim Team.

Signed this _____ day of _____, 2012

Signature: _____

Printed Name: _____

Witness: _____