

INFORMED CONSENT/PARTICIPANT RELEASE

Child: _____ age: _____ Date: _____
Child: _____ age: _____
Child: _____ age: _____

I, the parent or guardian of the above named participant understands the possibility of injuries resulting from activities sponsored by the Athletic Club of Bend (ACB). I hereby acknowledge and accept all risks and hazards incidental to participation in such activities. I hereby release, absolve, indemnify and hold harmless ACB and its directors, employees and agents from any injury, whether to person or property, of the participant resulting from such activities. In case of personal injury to participant, I hereby waive any and all claims against ACB, its directors, employees and agents. I understand there is no insurance coverage provided by ACB for participant and that such coverage constitutes a responsibility of the participant and/or the undersigned. I hereby release from liability and waive any and all claims against any person who, on behalf of ACB, is involved in the transportation of participant in connection with ACB activities. I hereby consent to emergency medical treatment of participant to assure prompt treatment and prevention of undue delay, and I understand that either a licensed physician or trained emergency care technician may provide such treatment. I agree that ACB may use, produce, disclose and distribute participant's name and/or likeness and the information included on this registration form by ACB. I acknowledge that I have read, fully understand and accept the above provisions, payment and refund policies and I recognize that ACB is relying on such acceptance in permitting participant to engage in ACB activities.

Parent/Guardian Signature: _____

Who, other than a parent or guardian is authorized to pick up your child:

In case of serious illness or accident to above named child/children I hereby grant permission to any qualified physician or medical care center to provide emergency medical treatment for my child. In the event an injury or illness is so severe that immediate medical treatment is necessary ACB will exercise good judgment by calling 911. The parent/guardian will be contacted as soon as possible.

Phone #'s: Mom daytime phone #: _____ Mom cell phone #: _____
Dad daytime phone #: _____ Dad cell phone #: _____

Emergency contact person: _____ Relationship: _____
Emergency daytime phone #: _____ Emergency cell phone #: _____

Is your child taking any medications? Yes _____ No _____

Please list medications: _____

Swimming ABILITY Beginner Intermediate Advanced (circle one)

Allergies or other health info: _____

Parent /Guardian Signature: