

**MacAulay Marlins Swim Team
Waiver – 2011 Season**

Swimmer Name _____
Swimmer Name _____
Swimmer Name _____

Contact Information

Parent Name: _____ Phone _____
Parent Name: _____ Phone _____

Emergency Contact Information (other than Parents)

Name _____ Phone _____

Physician Name _____ Phone _____
Insurance Company _____ ID or Policy # _____

Waiver of Liability and Release for Emergency Medical Care (must be signed)

As the parent/legal guardian of the above named swimmer(s), I hereby grant permission for this minor to participate in all activities of this program. I assume all risks and hazards incidental to such participation, including transportation to and from such activities, and do hereby release and waive all claims against the MacAulay Marlins, the MacAulay HOA, host pools, volunteers and other participants. I further grant permission for emergency first aid to be given to this minor in case of injury. Furthermore, if deemed necessary, I grant permission for this minor to be taken to the emergency room of a nearby hospital, and the hospital and its medical staff have my authorization to provide treatment as physician deems necessary for the well being of this minor.

Parent/Guardian Signature

Date

Photo Release

I give permission for the swimmer(s) identified above to be photographed in swim activities. I understand that these photographs may be used for information purposes by the MacAulay Marlins Swim Team and that they may also be used to provide information about the MacAulay Marlins Swim Team Program and Activities to the public through publications and displays, in newspapers and other print media and in connection with the MacAulay Marlin information provided on the internet (<http://www.macaulaymarlins.org>).

Parent/Guardian Signature

Date