The Hurricane Swim Team Waiver and Release, and Emergency Medical Treatment Form

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in registering yourself or your minor child/ward for the above program/programs, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the above program/programs.

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s). I waive and relinquish all claims I or my child/ward may have against the Park District and its officers, agents, servants and employees as a result of participating in any of the above program(s). I hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of the above program(s). I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or by my child/ward, and arising out, connected with, or in any way associated with the activities of any of the program(s).

I have read and fully understand the above program details and waiver and release of all claims.

_____	_____	_____
Participant name (please print)	Signature of Participant Or Parent (if participant is under 18)	Date

* *

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

Participant name (please print)

In case of injury and I am unable to be reached, I give my permission for _____ to be treated by a professional health care provider.

_____	_____	_____
Signature of Participant Or Parent (if participant is under 18)	Date	Emergency Phone number of Parent