

# Gaylord Gators, Inc.

## Liability/Medical Release

The Gaylord Gators, Inc. Swim Club is committed to conducting its swim programs and activities in the safest manner possible and holds the safety of the participants in the highest regard. Participants and parents registering their children in sports or extra-curricular programs must recognize, however that there is an inherent risk of injury when choosing to participate in such activities. The Gaylord Gators, Inc. continually strives to reduce such risks and insists that all participants follow safety rules and instructions designed to protect the participant.

### ACKNOWLEDGEMENT OF RISK/RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

This agreement is given by the undersigned applicant for the benefit of the GAYLORD GATORS, INC, a Michigan non-profit corporation, its employees, agents, members, sponsors, promoters, and affiliates (collectively 'Releasees').

I acknowledge that there are certain risks of physical injury to participants in the sport of competitive swimming and that swimming is an inherently dangerous one in which I (and/or said minor child) participate at my (and/or said minor child) own risk. I agree to assume the full risk of any injuries, damages, or loss, regardless of severity, that I or my child may sustain as a result of participating in any and all activities connected with or associated with such sport or program(s).

Individually, and on behalf of my heirs, executors, administrators, legal representatives, successors, and assigns, I release and forever discharge, hold harmless, and indemnify Releasees on, from, and against, and do waive any claims, damages, expenses, rights of action, causes of action or demands, present or future, whether the same be known or unknown, anticipated or unanticipated, arising directly or indirectly from or attributable in any way to the negligence, action, or failure to act of Releasees in connection with the organization, operation, sponsorship, ownership or execution of the sport of competitive swimming, including travel to and from such event, and including attorney fees, in which I may participate in any manner, including that of a spectator, and including any claims for loss, injury damages, expenses or demands which may arise by reason of defects in the premises and/or maintenance of the premises, use of the equipment and facilities, and supervision of employees.

I (and/or said minor child) have no known physical or mental condition that would impair my capability and am fit to fully participate in the sport of competitive swimming. (Please note on the back of this paper any medical conditions that the coach should be aware of).

In the event of an emergency, I authorize the Gaylord Gators, Inc. officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my son/daughter's immediate care and agree that I will be responsible for payment of all medical services rendered.

I HAVE READ AND FULLY UNDERSTAND THE WAIVER AND RELEASE OF ALL CLAIMS

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Names of Child(ren): \_\_\_\_\_  
(Participating in Gators) \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Parent Name: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Group #: \_\_\_\_\_