

2019 Brookstone II Barracuda Swim Team

Medical Release and Liability Waiver

Medical Release and Liability Waiver: As parent/guardian of _____, I/We give consent to transport my child to _____ Hospital in an emergency. I/We also assume all responsibility for all costs incurred as a result. In consideration of the acceptance of this application to the Brookstone II Swim Team, I waive any claims for myself, my heirs, and my assigns against Brookstone II HOA, BKII Swim Team, and the BKII Swim Team Coordinators for injury or illness, which result from participation. I have read the swimmer/parent rules and agree to abide by all regulations.

Signature of Parent: _____ Date: _____

Please list below any special medical conditions, drug or food allergies:

EMERGENCY CONTACTS

Parent or Guardian:

Cell Number: _____

Additional Emergency Contact: _____ Relationship to swimmer: _____

Cell Number: _____