



### Athlete Medical/Liability Release

I declare that I am the parent or legal guardian of \_\_\_\_\_, a minor, age \_\_\_\_\_. I have full custody and control of the child. In the event that my child is injured or should require medical attention, I hereby authorize a coach or other representative of Metro Aquatics/Metro Parks Tacoma to obtain medical assistance. I authorize him or her to act for me according to her or his best judgment and ability. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child’s medical treatment. If possible, confirmation of this authorization should be made with me prior to treatment by calling me at the listed phone numbers below. In case I cannot be reached, or in case of emergency, medical treatment as described above may proceed without further authorization.

Signed: \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_\_

I waive all rights and release all claims that might be had against Metro Aquatics/Metro Parks Tacoma, their hired or contracted employees, and agents, for any and all injuries or losses which may be suffered because of my child’s participation in programs organized or sponsored by Metro Aquatics/Metro Parks Tacoma. I consent to my child’s participation in activities/programs of Metro Aquatics/Metro Parks Tacoma, and authorize Metro Parks Tacoma and it’s employees or agents to provide emergency medical treatment for my child on my behalf. To the best of my knowledge, my child has no physical or other conditions which would interfere with his/her participation. I understand catastrophic injuries may occur during this program or activity, and I accept this risk on behalf of my child.

I give my permission to have my photo or the photo of my child to be taken during the activity and used for publicity purposes by Metro Parks Tacoma.

I consent to the use of my name, likeness and voice of those or those of my children, without monetary compensation, in connections with the Park District “Park Guide”, TV program or other video presentation, and with the program publicity, and expressly release Tacoma Municipal Television agents, City of Tacoma, its agents, and Metro Parks Tacoma and its agents from any and all claims for damages for libel, slander, invasion of privacy or any other claim arising out of broadcast, exhibition, promotion, or presentation of this program, Tacoma Municipal Television is a division of the General Services Department of the City of Tacoma.

Signed: \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete’s First Name: \_\_\_\_\_ MI: \_\_\_\_ Last: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Father’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Mother’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Athlete’s Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

**Please use the back of this sheet to list any medications the athlete may be taking during participation, and any other pertinent information or special instructions regarding the athlete.**