



Athlete Medical/Liability Release

In the event that I am 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 medical treatment.

Printed: _____ Signed: _____ 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 participation in programs organized or sponsored by Metro Aquatics/Metro Parks Tacoma. I consent to my participation in activities/programs of Metro Aquatics/Metro Parks Tacoma, and authorize Metro Parks Tacoma and its employees or agents to provide emergency medical treatment for me on my behalf. To the best of my knowledge, I have no physical or other conditions which would interfere with my participation. I understand catastrophic injuries may occur during this program or activity, and I accept this risk.

I give my permission to have my photo 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, 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.

Printed: _____ Signed: _____ 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.