

Swimmer's Last Name \_\_\_\_\_ First Name \_\_\_\_\_  Team  Clinic  Lesson

### EMERGENCY MEDICAL INFORMATION, LIABILITY RELEASE AND INDEMNIFICATION

I, the undersigned participant and parent, request voluntary participation for minor to participate in all events, which are hereinafter referred to as the "activities."

This agreement is valid while the participant is a member of Joe Flaherty's Dolphins, LLC.

I consent to my/minor's participation in the activities and acknowledge that the minor and I fully understand that my/minor's participation may involve risk of serious injury or death, including losses which may result not only from my/minor's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any concerns about the risk, I should discuss them with the activity coordinators and event staff, before I sign this document and before the activity begins.

#### Release – Minor's Rights:

In consideration of allowing Minor Participant to participate in the activities, I hereby release and hold harmless Joe Flaherty's Dolphins, LLC, employees, volunteers, other participants, and agents (collectively, the "Released Parties"), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that Minor Participant may have or sustain with respect to any and all damage and/or injury, of any type, arising out of his or her participating in the activities. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

(Print name of minor)

(Signature of minor)

(Date)

#### Release – Parents'/Guardians' Rights:

In consideration of allowing Minor Participant to participate in Joe Flaherty's Dolphins, LLC Swimming events, I hereby release and hold harmless the Released Parties, of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain with respect to any and all damage and/or injury, of any type, arising from Minor Participant's participation in the activities. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I certify that my/minor is in good health and have no physical condition that would prevent participation in this activity. I consent to emergency medical treatment in the event such care is required.

(Print name of Parent/Guardian)

(Signature of parent)

(Date)

#### Indemnification by Parent/Guardian:

The undersigned parent/guardian further agrees to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising from Minor Participant's participation in the activities.

(Print name of Parent/Guardian)

(Signature of parent)

(Date)

In the event of illness, accident, or injury, permission is granted to have \_\_\_\_\_ treated by a physician.

Please note that our child is allergic to the following medications: \_\_\_\_\_

Please note that our child has the following health conditions: \_\_\_\_\_

#### Emergency contact if parents cannot be reached (Names, Relationship, and Phone Numbers)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Carrier

Policy #: \_\_\_\_\_ Group # \_\_\_\_\_ (if applicable)

I give my permission for \_\_\_\_\_ to be photographed with the potential for use on JFD website and promotional material

**Signature of Parent or Legal Guardian:**

(date)

**Phone number of Parent or Legal Guardian:** \_\_\_\_\_