



**Lisbon Bullsharks Swim Team
2010/2011 Swim Season
Agreement and Permissions**



Swimmer's Agreement to Hold Harmless

I, _____, (Print Name of Parent, Guardian, or Adult Swimmer) agree to and hereby release the Lisbon Bullsharks, the Bullsharks' coaching staff and volunteers, the Bullsharks' pool staff, as well as the Navy and their agents and employees from all liabilities and claims arising by reason of injuries that may occur to _____ (Print Name of Swimmer) while participating in the programs of the Bullsharks Swim Team. I agree to indemnify and hold harmless the Bullsharks and its staff, the U.S. Navy and its members, agents and employees from all claims, damages, losses, injuries, and expenses arising out of or resulting from participation in these activities. I further agree to release, acquit, and covenant not to sue the Bullsharks and its employees; and the U.S. Navy and its members, agents and employees for all actions, causes of action claims or damages, damages in law or remedies in equity of whatever kind, including the negligence of the Bullsharks and its staff or my family, myself, or my heirs, against the Bullsharks arising out of participation in the swimming program or activities. In short, I cannot sue the Bullsharks and its staff, and the U.S. Navy and its members, and if I do, I cannot collect any money.

Emergency Medical Treatment Authorization and Travel Permission

I, _____, (Print Name of Parent/Guardian) certify that to the best of my knowledge my child _____ (Print Name of Swimmer), _____, (Date of Birth) is in good health and has no health-related condition that could make it unsafe for him/her to participate in physical training and competitive swimming. I have attached a physician's medical evaluation for any known conditions. I understand that the Bullsharks reserve the right to refuse any person it judges to be incapable of meeting the rigors and requirements of participating in the swimming program or activity.

Additionally, should my child require medical attention and I cannot be reached to make arrangements for emergency medical attention, I authorize the staff and/or coaches of the Bullsharks Swim Team to take my child to the nearest emergency medical facility. I authorize the Bullsharks' staff and coaches to obtain emergency medical attention and treatment for my child at a hospital or clinic of their choice. I give consent to the hospital, clinic, and/or physicians to render the necessary emergency treatment to my child. I further authorize staff and/or coaches of the Bullsharks Swim Team to administer basic first aid to treat minor injuries.

Photo Release (permission form for minors)

I, _____ (Parent/Sponsor/Guardian Name), being Parent/Guardian of _____ (Swimmer's Name), hereby consent that photographs and/or videotape in which my child appears as a member of the Bullsharks Swim Team may be used by the Bullsharks Swim Team, its assigns or successors, in whatever way they desire, including television, world wide web, and electronic media; furthermore, I hereby consent that such photographs and recordings from which they are made shall be their property; and they shall have the right to duplicate, reproduce, and make other uses of such photographs and tapes as they may desire free and clear of any claim whatsoever on my part.

I hereby agree to all above statements in the Bullsharks Hold Harmless Agreement, Medical Treatment/Travel Authorization, and Photo Release

Parent/Guardian Signature: _____ Date: _____

Address: _____ Phone: _____

Medical Insurance Group Number or SSN: _____

In case of emergency, please contact: _____