

DOCS / PEOY Swim Team

MASTER CONSENT AND WAIVER

Swimmer's Name(s) _____

Parent Guardian Names (M) _____ (F) _____

CONSENT FOR TEREATMENT OF A MINOR

I, the undersigned, as the parent/ guardian of a minor child or children listed above hereby authorize and consent to any individual acting (formally or informally) on behalf of Developmental Organized Competitive Swimming (DOCS) or the Greater Peoria YMCA (PEOY) to act for me according to their reasonable judgment in any emergency requiring medical attention. I have no knowledge of any physical impairment that would affect the above named swimmer's participation on the swim team.

INSURANCE INFORMATION

I give permission for a qualified physician to perform any medical or surgical procedure he/she deems advisable for the welfare of aforementioned minor while he/she is participating or traveling with the DOCS/PEOY swim program. Further this authorization permits said physician to hospitalize; to secure any appropriate consultation; to order infections, anesthesia (local, genera or both) or surgical procedures for this applicant(s) deemed medically necessary. The undersigned does hereby assume and agree to pay any indebtedness, or physicians and surgeon's feed and all appropriate hospital fees for SUCH SERVICES.

LIABILITY WAIVER

I hereby consent to his/her participation on the DOCS/PEOY swim team and realize and understand that competitive swimming can be and is a dangerous sport and may involve injury (including sever injury and death). I understand the inherent risks associated with my child's participation on the swim team and hereby release, to the fullest extent permitted by law, DOCS/PEOY, its officers, directors, and members, as well as any employees and/or volunteers assisting in such activities from any and all liability associated with such participation in such activities (reasonably associated therewith) and/or with the taking of any action by the aforementioned parties pursuant to this authorization and consent or otherwise. I further agree to indemnify the aforementioned parties pursuant to this authorization and consent or otherwise. I further agree to indemnify the aforementioned parties against any liability that may result from my child's participation and/or such action by said parties.

PUBLICITY WAIVER /PHOTO PERSMISSION

I also understand and agree that DOCS/PEOY has and retains the right to use for publicity and advertising purposes, the names, results, biographical data and photographs, images, and other likenesses of its swimmers, including my child, without any further right of consent or compensation.

I hereby acknowledge that the aforementioned minor is covered by medical insurance as follows (please fill our applicable data):

Insured (Employee): _____ Employer: _____

Insurance Company: _____

Group # _____ Policy #: _____ Ins. Phone Number: _____

Coverage: Medical: Yes No Surgical: Yes No Accident: Yes No

Family Doctor: _____

Preferred Hospital: _____

Parent Signature

Date