

CHINOOK LIONS SWIM TEAM CONSENT FOR SWIMMER TO PARTICIPATE FORM
(Complete this form in addition to online registration and payment.)

**Please return to Tina Mord at Courthouse Rm. 53, leave with staff at high school or elementary offices, or mail to PO Box 1536 by JUNE 1. Thank you in advance for your timeliness.

CONSENT FOR PARTICIPATION

We, the undersigned parent(s)/guardian(s) of the swimmers listed below, do hereby consent to his/her/their participating in all Swim Team activities of the Chinook Lions Swim Team for the duration of the season. We accept full responsibility for any injuries which might occur to our son or daughter by reason of such participation, including medical bills which might arise. The City of Chinook, Chinook Lions Swim Team, Chinook Public Schools, coaches, chaperones, and anyone associated with the Chinook Lions Swim Team are not liable under the law and cannot legally accept responsibility for any illness or injury of the participant. In signing, we also certify that our child(ren) have not competed in a competitive swimming program since **September 1** of last year.

Name(s): _____

Signature of parent or guardian

Date

MEDICAL RELEASE

Purpose- To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under the Chinook Lions Swim Team authority when parents or guardians cannot be reached. In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deems necessary by Dr. _____ or in the event the designated preferred practitioner is not available by another licensed physician or dentist; and (2) the transfer of the child to or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery. Issues regarding the child's medical history including allergies, medications being taken, and any physical impairment that may be a concern:

Signature of Parent or Guardian

Date

PHOTOGRAPH RELEASE

I hereby grant permission for photos of me and/or my above listed child(ren) to be used on the Chinook Lions Swim Team website: www.chinookswimteam.com. I grant Chinook Lions Swim Team, its representatives, and employees the right to take photographs of me and/or my child(ren). I agree that Chinook Lions Swim Team may use such photographs of me for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and internet/website content. I release Chinook Lions Swim Team and its assigns and transferees, from any liability that may arise in the use of my photographs on the internet.

I have read and understand the above:

Signature: _____