

Sharon Johnston Swim Team permission/waiver

_____ (parent) gives full permission and consent for their child _____ to participate in all activities of the Sharon Johnston Swim Team (SJST) including practice, swim meets, parties, and meetings. I understand that the SJST is elective, and, therefore, because my child has chosen to participate in the SJST, I further agree:

1. I authorize the SJST Coaches, Teachers, employees, or Sharon Johnston Pool LifeGuards thru medical professionals of their own choice, to obtain any medical emergency care that may become reasonably necessary for the child in the course of activities or practice of the SJST.
2. I accept the payment of all medical bills, including, but not limited to charges for doctors, ambulance, hospitals, drugs, or legal which your child may incur by reason of participation in such activities of SJST.
3. I waive any claims or cause of action against SJST and its Coaches, Teachers, & employees, AND/or, action against the Madison County Commission, the Sharon Johnston Swimming Pool, and/or the Rocket City Swim League (RCSL) which may arise by reason of injury to my child because of participation and agree that Coaches, Teachers, employees, LifeGuards, and other members of SJST, RCSL, or the Madison County Commission are released and forever acquitted from any and all claims of liability to me or my child, or both, for injuries sustained by my child because of such participation.
4. My child is insured with _____ policy # _____, and I agree to maintain this coverage for the tenure of his/her participation with SJST activities.
5. If my child is not covered by medical insurance, I agree & understand that I will be fully responsible for payment of any medical bills that may incur by reason of participation in such SJST and/or RCSL activities. (Note: refer to item #2)
6. I understand that SJST and RCSL are non-profit organizations and do not offer any type of insurance for my child.

Signature of Parent/Guardian _____ Date _____

Address: _____

Home Phone # _____ Work or Cell Phone # _____