Westmont Swim Club, Inc.

Master Consent and Waiver 2007 - 2008

SWIMMER NAME_____ SEX _____ BIRTH DATE _____

Medical Concerns: _____

SWIMMER NAME_____ SEX _____ BIRTH DATE _____

Medical Concerns: _____

SWIMMER NAME_____ SEX _____ BIRTH DATE _____

Medical Concerns: _____

SWIMMER NAME_____ SEX _____ BIRTH DATE _____

Medical Concerns: _____

SWIMMER NAME_____ SEX _____ BIRTH DATE _____

Medical Concerns: _____

CONSENT FOR TREATMENT OF A MINOR
LIABILITY WAIVER / PUBLICITY WAIVER / INSURANCE INFORMATION

I, the undersigned, as the parent of the above listed minor child(ren), hereby authorize and consent to any individual acting (formally or informally) on behalf of Westmont Swim Club, Inc. ("WEST") 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 be affected by the above-named swimmers' participation on the swim team.

I hereby consent to his/her participation on the WEST swimming team and I realize and understand that competitive swimming can be and is a dangerous sport and may involve injury (including severe injury and/or death). I understand the inherent risks associated with my child(ren)'s participation on the swim team and hereby release, to the fullest extent permitted by law, WEST, 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 other 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 against any liability that may result from my child(ren)'s participation and/or such action by said parties.

I also understand and agree that WEST 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(ren), without any further right of consent or compensation.

I hereby acknowledge that the aforementioned minor child(ren) are covered by medical insurance as follows (please fill out all applicable data):

Insured (Employee) _____ Employer _____

Insurance Company _____ Group # _____

Policy Number _____ Ins Phone # _____

_____ _____ _____ _____
Signature parent/guardian Date Printed Name Parent/Guardian Date

_____ _____ _____
Home Phone Work Phone Cell Phone