

Athlete Medical Release Form Renegade Aquatics

Swimmer Name <i>(please print)</i>

Date

Parental Consent

The following medical release form must be signed by a parent or legal guardian for EACH swimmer participating with Renegade Aquatics. If the swimmer is 18 years of age or older, the swimmer must also execute this waiver.

MEDICAL RELEASE

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, _____
(NAME OF SWIMMER) IS IN GOOD PHYSICAL CONDITION AND HAS NO PHYSICAL CONDITION WHICH WOULD IMPAIR PARTICIPATION IN THE PROGRAM.

IN CASE OF INJURY, I HEREBY GIVE **RENEGADE AQUATICS** AND ITS' COACHING STAFF PERMISSION TO ACT ON MY BEHALF IN SEEKING MEDICAL TREATMENT FROM ANY LICENSED PHYSICIAN, HOSPITAL OR CLINIC FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO USING THOSE MEASURES DEEMED NECESSARY. I ABSOLVE **RENEGADE AQUATICS** AND ITS' COACHING STAFF FROM ALL LIABILITY WHILE ACTING ON MY BEHALF IN THIS REGARD.

Participant Signature (if over 18 yrs of age)	Parent/Guardian Signature

Emergency Information:

Home Address	City	State	Zip Code
Father	Home #: - -	Work #: - -	Cell #: - -
Mother	Home #: - -	Work #: - -	Cell #: - -
Other	Relationship	Home #: - -	Cell #: - -

Additional comments regarding medical history, allergies, penicillin or drug reactions, etc. which may be needed in rendering medical treatment:

Parent/Guardian Insurance Information

Company Name	Policy Number	Phone Number - -
Address	City	State Zip Code