

2011 F.A.S.T. DOLPHINS WAIVER

1. PERMISSION TO PARTICIPATE:

I hereby give the children listed below my permission to participate on the Foothill Area Swim Team ("F.A.S.T."):

Child's Names (Last, first)

Parent/Guardian Signature: _____

2. AUTHORIZATION FOR TREATMENT OF A MINOR:

I, the undersigned parent/legal guardian of the above named minor(s), hereby give consent to any emergency treatment deemed advisable and to be rendered by any licensed physician on the staff of any accredited hospital, whether rendered at the physician's office or at the hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to authorize any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his or her best judgment, may deem advisable. I further acknowledge and agree that the cost of any such treatment, aid or care will be my sole responsibility and I will indemnify and hold the Indemnified Parties (as defined below) harmless from and against any claims, liabilities or other expenses arising in connection with the seeking, obtaining and provision of such treatment, aid or care. This authorization is given pursuant to the California Medical Practice Act, Sections 2395, *et seq.* of the Business and Professions Code of California, and other applicable California statutes and regulations.

Parent/Guardian (Print) _____

Parent/Guardian Signature _____

Date _____

3. DISCLOSURE OF ALLERGIES/MEDICAL CONDITIONS:

Are there any allergies or medical conditions of which the coach or a physician should be aware?

Yes/No

If yes, please explain:

4. WAIVER, RELEASE AND ASSUMPTION OF RISK:

This Waiver, Release and Assumption of Risk covers any and all activities related to F.A.S.T. and the use of any and all swimming and other facilities in connection therewith. Our family’s participation in this activity is voluntary. Each member of my family is physically fit to participate in this activity. I understand that this activity involves risk and that serious injury could occur while I or any members of my family are participating in this activity. Knowing these risks, I want my family to participate in this activity. On behalf of my child(ren), my spouse or partner and myself, I, the undersigned parent/legal guardian of the above named minor(s), hereby (i) assume the full risk of participation in F.A.S.T. and (ii) waive, release and discharge F.A.S.T., the Oak Hills Inc. Homeowners Association, the Highland Oaks Homeowners Association, Foothill High School and the City of Pleasanton and any and all other entities, officials, agents, sponsors and promoters of this activity (collectively, the “Indemnified Parties”) from any and all liability or responsibility for personal injury or property damage incurred or suffered by any member of my family in the course of such participation, including transportation to or from any F.A.S.T. activity. Further, I will defend, indemnify and hold the Indemnified Parties harmless from and against any claims, liabilities or other expenses arising out of injury, damage or loss incurred or suffered by any third party due to the acts or omissions of any member of our family. I acknowledge and agree that I have read the foregoing and fully understand that I am waiving important legal rights on behalf of myself, my family and all minor children indicated above.

IN WITNESS WHEREOF, I have signed this Waiver and agree and accept all the terms set forth herein.

Name: _____

Signature: _____

Relationship to child(ren): _____

Date: _____