RECREATION AND FITNESS RESOURCES

BAY AREA SWIM TEAM PARTICIPATION WAIVER 2023 - 2024

All participants must read, sign, and return this completed document prior to participation. If the participant is a minor, a parent or guardian must also read and sign this form.

Liability Release

This agreement releases Recreation and Fitness Resources, the Bayfield Rec Center, and the School District of Bayfield and their Board Members, staff, and volunteers from all liability relating to injuries that may occur during participation and use of our facility.

I hereby release and waive any right to any and all claims, causes of action, damages, judgement, costs or expenses arising from my participation in this program regardless of the cause, excluding any action or negligent action of Recreation and Fitness Resources, and the Bayfield Rec Center

I further agree to indemnify, defend and hold harmless Recreation and Fitness Resources, the Bayfield Rec Center, and their officers, directors, trustees, staff, employees, and agents from any and all liability for injury or death or other loss of any kind suffered by me in connection with this program, regardless of cause.

I acknowledge that there are inherent risks and danger of accidents in participating in this program. Knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding.

I swear that I am participating voluntarily. I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity. By signing below I forfeit all right to bring a suit against Recreation and Fitness Resources, and the Bayfield Rec Center for any reason. I will also make every effort to obey safety precautions as explained to me. I will ask for clarification when needed.

I give Recreation and Fitness Resources permission to administer medical first aid in the event it is necessary.

Concussion Information

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury and agree that your child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a concussion is suspected or reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.
https://docs.legis.wisconsin.gov/2011/related/acts/172.

Media Consent

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the participant named below by Recreation and Fitness Resources.

I also grant the right to edit, use, and reuse said products for nonprofit purposes including use in print, on the internet, and all other forms of media. I also hereby release Recreation and Fitness Resources and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Parent Consent (required for those under 18)

_____ ____/___/20____
Signature Date

Participant Consent

_____ ____/___/20____
Signature Date

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CONSENT TO TREAT

Participant's Name_____

The undersigned (and parent or guardian of minor, where applicable), as a participant in the subject activity, hereby consents to medical treatment where the undersigned is unable to consent to such treatment.

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Phone Number(s):_____

MEDICAL INFORMATION

Medical Insurance Provider:_____
Policy #:_____

Primary Care Physician: _____
Phone:_____ Clinic:_____

Please provide any pertinent medical information that we should be aware of (physical limitations, allergies, asthma, diabetes, medications, etc.)

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