



## BAY AREA SWIM TEAM PARTICIPATION WAIVER 2023 – 2024

### FILL OUT ONE PER SWIMMER

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.

**I. Release and Waiver of Liability:** I hereby release and forever discharge Recreation and Fitness Resources, the Bayfield Rec Center, its directors, officers, agents, employees, and volunteers (collectively, the “Released Parties”), from any and all liability, claims, demands, and causes of action that I may have now or in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or to any property belonging to me, whether caused by the negligence of the Released Parties or otherwise.

**II. Assumption of Risk:** 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.

**III. Indemnification:** I hereby release and forever discharge Recreation and Fitness Resources, the Bayfield Rec Center, its directors, officers, agents, employees, and volunteers (collectively, the “Released Parties”), from any and all liability, claims, demands, and causes of action that I may have now or in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or to any property belonging to me, whether caused by the negligence of the Released Parties or otherwise.

**IV. Medical Treatment:** I authorize the RFR & The Bayfield Rec Center, its agents, employees, and volunteers, to obtain or provide medical treatment for my child in the event of any injury, illness, or other medical condition that may occur during my participation in the sports activities.

**V. Acknowledgement of Understanding:** I have read this sports waiver, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue the Released Parties for any injury, death, or damages that may result from my participation in the sports activities organized by the RFR & The Bayfield Rec Center.

I acknowledge that I have read and fully understand this sports waiver, and I voluntarily agree to its terms.

### 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.

\_\_\_\_\_  
Signature    **Parental Consent (required for those under 18)**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature    **Participant Consent**

\_\_\_\_\_  
Date



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**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>.

**Date of Birth:**

**Name of swimmer:**

\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Parent/Guardian Name(s): \_\_\_\_\_

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.)



**FAMILY INFORMATION – FILL OUT ONE PER FAMILY**

**Date of Birth:**

**Name of swimmer:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone number(s):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**For carpooling purposes my child may be released to:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You may pay by credit card, check, or cash in person at the Bayfield Rec Center OR pay via credit card online at bayfieldrec.org/rec-center-swim-team

If you would like to apply for financial assistance please contact the rec center at 715-779-5408

**Amount paid:** \$ \_\_\_\_\_ **Payment Form:** \_\_\_\_\_

Yes, I'm looking to carpool to practices \_\_\_\_\_ Yes, I'm looking to carpool to swim meets \_\_\_\_\_

Yes, I'm interested in helping Coach Erin on the pool deck? \_\_\_\_\_

To get the most out of your child's swim team experience we encourage all swimmers to participate with their assigned groups. Exceptions can be made in some instances but are generally not recommended. Please list any specific requests you have for your child's practice below and/or speak with a coach.