

# PERFORMANCE EDGE SWIM CAMP 2013

## Parent/Guardian Consent, Medical Release and Release from Liability Agreement

Please read the following information carefully before signing.

*(All blanks must be completed)*

**Activity:** Performance Edge Swim Camps

**Activity Time Period:** June 17-21, 2013

**Activity Sponsor:** Tampa Bay Aquatics

Participant's Name: \_\_\_\_\_

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

In consideration for allowing Participant to participate in Activity, I/we, as parents and/or guardians of Participant, agree to the following:

Authorize Participant to participate in the Activity for the Activity Time Period stated above.

Release, indemnify and hold harmless the Activity Sponsor (Tampa Bay Aquatics) from any and all damages, except for damages caused by the sole gross negligence or intentional misconduct of Activity Sponsor, arising out of the participation of Participant in the Activity.

Prior to the commencement of the Activity, I/we were made aware of the nature of the Activity, had sufficient opportunity to inquire further, and understand the Activity has inherent risks and I/we and Participant assume, on behalf of Participant, all those inherent risks.

While participating in the Activity, Participant is subject to the policies, rules and regulations of the Activity Sponsor (Tampa Bay Aquatics). Possession of fireworks, explosives, any weapon, illegal drugs or alcohol is prohibited and cause for immediate expulsion from the Activity. Further, any Participant repeatedly disobeying Activity Sponsor policies, rules or regulations may be expelled from the Activity.

Authorize Activity Sponsor, its employees, clinicians, trainers, nurses and agents (collectively, "Activity Sponsor") the authority to seek, obtain, and approve any medical care and treatment including, but not limited to x-ray examination, anesthetic, medical, dental or surgical diagnosis, or treatment and medical care which may be recommended and provided under the general supervision of any physician or surgeon, for Participant which, in their judgment, is necessary for the health and well-being of Participant during his/her participation in the Activity. I/We further agree that I/we are (am) solely responsible for any costs incurred and agree to hold the Activity Sponsor (Tampa Bay Aquatics) harmless for any liability arising out of any good faith action taken in obtaining medical treatment for Participant.

The above agreements are binding upon us, our estates, heirs, representatives and assigns.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_