

Medical Release Waiver

I certify that I am the parent or legal guardian for my child(ren). I hereby give my permission for any supervisor, coach or other team administrator associated with the Oakdale Swim Team to seek and give appropriate medical attention for our child(ren) in the event of accident, injury, illness. I will be responsible for any and all costs associated with any necessary medical attention and/or treatment.

I hereby waive, release and forever discharge **Oakdale Swim Team** from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during participation in **Oakdale Swim Team** activities, whether or not damages or loss is due to negligence. I hereby acknowledge that my children is (are) physically fit and capable of participation in all Swim Team activities.

If my child has any of the following medical conditions:

Allergies

Respiratory Conditions

Diabetes

Seizure Disorder