

Participant's Name _____

Release of Liability for Participation with Respect to Activities Associated with Great Lakes Water Polo

I, the undersigned, parent/guardian/legal custodian of _____, or participant over the age of 18, a participant in recreational activities and programs sponsored by Great Lakes Water Polo (GLWP), agree that in consideration of GLWP allowing such participant to participate in its activities, the undersigned releases and discharges GLWP, and any other persons, including, but not limited to, its officers and directors, providers of private and public transportation of children, including persons using their own vehicles, and their heirs, administrators, executors, successors and assigns from any and all liability, and holds them harmless and will indemnify them against all claims against all claims, actions, causes of action, suits, damages, and liability of any nature whatsoever, arising out of such participant's participation in GLWP activities and programs, including but not limited to, the transportation of such participant to and from other facilities by persons using their own vehicles, or hired or public transportation facilities. In particular, I the undersigned (parent/guardian/legal custodian; participant) acknowledge that neither I nor such participant will hold GLWP responsible for any expenses, property damages, personal injuries and or death sustained by such participant while participating in GLWP activities. I understand that there are risks involved in water polo and I am prepared to assume on behalf of such participant and myself all such risks as my and the participant's responsibility.

Printed name of parent/guardian/legal custodian
or participant over the age of 18

Signature of parent/guardian/legal custodian
or participant over the age of 18

Date

Consent for Medical Treatment and Liability for Costs

I, the undersigned, parent/guardian/legal custodian of _____, or participant over the age of 18, a participant in recreational activities and programs sponsored by Great Lakes Water Polo (GLWP), do authorize the diagnosis, treatment and or hospital care of such participant by a qualified and licensed dentist, medical doctor or other hospital or emergency personnel designated in the judgment of GLWP coaches or representatives in the event of accident, injury, sickness, etc. This release will be valid during the period of time in which participant is participating in the Great Lakes Water Club program and participating in any travel games or tournament and will also include traveling to and from such games or tournaments. This consent will be valid and remain in effect until revoked in writing. This authority is granted only in the event of an emergency or after reasonable effort has been made to contact me and my designated emergency contact in order to gain authorization before any non-emergency dental or medical treatment or hospitalization. I also hereby assume the responsibility for payment of any such treatment that is not covered by my insurance.

Printed name of parent/guardian/legal custodian
or participant over the age of 18

Signature of parent/guardian/legal custodian
or participant over the age of 18

Date

Emergency Information

Parent's Home Phone _____ Parent's Work Phone _____ Parent's Cell Phone or Pager _____

Designated Emergency Contact _____ Relationship _____ Phone _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Please list important information concerning the participant's medical history including but not limited to allergies, medications taken on a regular basis, medications causing an allergic reaction, and any physical impairment such as convulsions, seizure disorder, diabetes, heart disease, phobias or fears, as well as past injuries and illnesses and surgeries about which a coach and or treating physician should be alerted (attach additional page if necessary).

Allergies _____ **Wears Contact Lenses** _____ **Other** _____

Medications _____ **Wears Orthodontic Retainer** _____ **Other** _____

Health Insurance Information

Participant's Name _____ Participant's Birth Date _____ Participant's SS# _____

Insurance Company _____ Effective Date of Policy _____

Insurance Company's Address _____ Insurance Company's Phone _____

Policy Holder's Name _____ Relationship to Participant _____

Policy Holder's Address _____

Policy # _____ Group# _____

Member # _____ Contract # _____

Primary Care Physician _____ Primary Care Physician's Phone _____

Media and Public Relations Permit

I, the undersigned, parent/guardian/legal custodian of _____, or participant over the age of 18, a participant in recreational activities and programs sponsored by Great Lakes Water Polo (GLWP), do authorize GLWP and its officers, directors, agents and assigns to use the name, photographic and video image and appearance of the participant for the purposes of promoting GLWP and GLWP sponsored events, documenting GLWP activities, and for producing informational, documentary, news, or publicity materials relating to the purposes of GLWP.

Printed name of parent/guardian/legal custodian
or participant over the age of 18

Signature of parent/guardian/legal custodian
or participant over the age of 18

Date

The signed portions of this document shall remain in effect so long as the athlete participates in Great Lakes Water Polo and unless and until it is revoked in writing by a letter submitted to the GLWP President.