

FORT WORTH AREA SWIM TEAM (FAST)

Hold Harmless / Emergency Medical Form

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Swimmer's Agreement to Hold Harmless

I, _____, agree to and hereby release FAST; the FAST coaching staff;
(Print Name of Parent, Guardian, or Adult Swimmer)
Wilkerson-Greines Activity Center; the staff of Wilkerson-Greines Activity Center; the Fort Worth Independent School District (FWISD); North Texas Swimming, Inc.; and USA Swimming, Inc.; North Texas Masters Swimming, Inc.; and United States Masters Swimming, Inc.; their agents and employees from all liabilities and claims arising by reason of injuries that may occur to _____ while participating in
(Print Name of Swimmer)
the programs of the Fort Worth Area Swim Team, including travel to and from training sessions, other scheduled activities, and swimming meets. I agree to indemnify and hold harmless the above mentioned, their agents and employees, against any and all liability for personal injury, including injuries resulting in death, or damage to property, or both, while enrolled in the program. I agree to reimburse the above for any and all damages they are compelled to pay arising from any such claim, demand, action, or cause of action as may arise from my or my child's action while enrolled in the program.

SIGNATURE

DATE

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Emergency Medical Treatment Authorization

I, _____, in the event that I can not be reached to make arrangements for
(Print Name of Parent, Guardian, or Adult Swimmer)
emergency medical attention, authorize the staff and / or coaches of the Fort Worth Area Swim Team to take my child, _____, to _____ or to the nearest
(Print Name of Swimmer) (Print Name of Physician)
emergency medical facility. If the named physician is not available, I authorize the staff and coaches to obtain emergency medical attention and treatment for my child at a hospital or clinic of their choice. I give consent to the hospital or clinic, and physicians to render the necessary emergency treatment to my child.

SIGNATURE

DATE

Insurance Company: _____

Policy Number: _____

Name of Insured: _____

Group Number: _____

Known Drug Allergies: _____

Known Medical Conditions: _____

I have disclosed all conditions that may affect the above swimmer's participation in FAST.

Emergency Telephone Numbers: Work (_____) _____ Home (_____) _____

Family (_____) _____ Friend (_____) _____

This information is important to ensure treatment and reimbursement for medical expenses incurred when parents are not available!