

DANA POINT AQUATICS CENTER Inc.
MEDICAL/LIABILITY RELEASE FORM

DATE OF SESSION _____ **TIME OF SESSION** _____

Swim Clinic ___ **Swim Lessons** ___ **Water Exercise** ___ **Adult Classes** ___ **Other** ___

We the undersigned, participant, _____ or parents/legal guardians of _____ & _____ a minor, give our permission and/or agree to participate in Dana Point Aquatic Center Inc. (DPAC) activities, which will be supervised by the professional staff and chaperones and volunteers. Furthermore, we understand that (DPAC) leases a private non-commercial facility and is not commercial compliant nor required to be so. In so knowing, you agree to waive your rights to release, and forever discharge any and all liabilities or demands of claims against the facility and owner.

The Risk of injury from the activities involved in this program can be significant, including the potential for PERMANENT PARALYSIS AND DEATH, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist, and, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS, and assume full responsibility from my participation; and, I agree to have a medical Dr. exam prior to participation to release me for this type of activity and bring in the Drs. Release note prior to participation. Without this form, I waive my right to hold DPAC, its officers, coaches and the facility owner liable or demands of claims for any and all injury/illness including LOSS, DAMAGE, PARALYSIS OR DEATH.

I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest office immediately; and,

In the event of an injury/illness, we consent to any x-ray, exam, anesthetic, medical or surgical diagnosis or treatment or hospital care, which is deemed advisable by and is to be rendered under the general or specific supervision of any physician, surgeon, Dentist licensed under the provisions of the Medical Practice Act. It is understood that every effort will be made to contact the undersigned prior to treatment, but treatment will not be withheld should the undersigned not be reached.

For, and in consideration of DPAC, its officers, coaches and the facility owner, we agree to release, and forever discharge any and all liabilities or demands of claims for LOSS, DAMAGE, PARALYSIS OR DEATH, resulting from ANY injury/illness, which may be sustained by participation in the programs activities or use of facility. We also agree that we do not hold DPAC, its officers or coaches or facility owner liable for medical aid given, or fees incurred for medical aid given.

Parent or Participants **Signature(s)** _____

Print signed names above _____

Participant's Name _____ Date of Birth _____

Participant's Name _____ Date of Birth _____

Address _____

Home Phone _____ Work# _____ Cell # _____

E-Mail Address _____ Fax # _____

Allergies _____ Current Medications _____

Medical/Physical Problem _____ Please write additional information on back

No child under 18 years old is allowed to wait outside the pool gate, walk, or ride home without parental supervision. Please sign your name to release your child to do so. In so doing, you agree to Release DPAC from any and all liability/responsibility once they have left the gated pool area.

(Parents Signatures)