

CHELMSFORD SWIM AND TENNIS CLUB, INC. CONSENT AND RELEASE

Please read and sign the waiver below. Please read the waiver carefully before signing.

As a parent or legal guardian of _____ (participant's name), I hereby consent to the aforementioned participating in the activities at Chelmsford Swim and Tennis Club, Inc.(CS&T), including but not limited to swimming and diving teams, swim lessons, and other pool related activities. I understand that it is the express intent of CS&T to provide for the safety of my child while participating in such activities, and accordingly, I hereby:

1. Understand that such activities involve risks of injury (including, without limitation, catastrophic injury or death) which might result from such participation or others' actions, inactions or negligence;
2. Unconditionally and irrevocably, on behalf of myself and any other person who may claim through me, release, waive and discharge any and all rights I (or those claiming through me) might have, against CS&T, and any of its officers, Board of Governors, or employees from any and all liability, claims, damages or other losses (including any of the foregoing which might arise out of the negligence of any one or more of them) which might incur in connection with my child's participation in such activities and agree not to bring any cause of action of any kind against CS&T officers, Board of Governors, or employees with respect to such liability, claims, damages or other losses;
3. Authorize CS&T, or any officer, Board of Governor or staff member, to summon an ambulance and/or arrange for medical treatment or other medical intervention on my child's behalf, in any situation which, in their sole judgment and discretion, would require such actions, and I agree to be solely responsible for the costs and expenses associated with any such actions by CS&T or any CS&T officer, member of the Board of Governors, or employees; and
4. Acknowledge that this document has been read thoroughly, understood completely, and is signed voluntarily as to its content and intent.

I have read and understand the above consent and release.

Member Name

Date: _____

Return this form to: CS&T, 133 Robin Hill Road, PO Box 114, Chelmsford, MA 01824

CHELMSFORD SWIM AND TENNIS CLUB, INC. EMERGENCY RELEASE FORM

In the unlikely event of an accident while your child is at CS&T, first aid will be administered if needed. Should immediate attention seem necessary, the parents or emergency contact person will be called and asked to meet the child and CS&T personnel with this authorization at the hospital. It is essential that you leave a phone number where you may be reached during club operating hours, or while your child is at the club for events outside of club operating hours, and that you provide any allergies or special health information that CS&T personnel might need to know should an emergency arise. This information is being collected solely to assist CS&T personnel provide appropriate first aid to your child in the unlikely event of an accident.

EMERGENCY INFORMATION

Child's Name _____ DOB _____
Allergies or Special Health Information _____
Parent's/Guardian's Name (s) _____
Home Address _____
Work Address _____
Home Phone _____ Work Phone _____
Mobile Phone _____
Parent's/Guardian's Name (s) _____
Home Address _____
Work Address _____
Home Phone _____ Work Phone _____
Mobile Phone _____

EMERGENCY CONTACT PERSON

Please list below someone available during club hours to pick up your child and have responsibility for your child. By signing this release form, you authorize this person to make decisions on your behalf.

Contact's Name _____ Relationship _____
Home Address _____
Work Address _____
Home Phone _____ Work Phone _____
Mobile Phone _____

CHILD'S PHYSICIAN _____ Phone _____
Office Address _____
Health Insurance Plan _____ ID No. _____

MEDICAL RELEASE

I hereby authorize Chelmsford Swim and Tennis Club, Inc. to administer first aid, and to transport my child to a hospital and obtain emergency medical treatment, including hospitalization, stitches, or medication for my child, _____. I prefer my child's physician, but I understand that the Chelmsford Swim and Tennis Club, Inc. will use either Lowell General Hospital or Emerson Hospital and its staff if necessary. In fact, any nearby physician or hospital chosen by the CS&T staff will be acceptable in an emergency.

Parent's Signature _____ Date _____