



# Mankato Y Marlins Health-Permission-Release Form

### General Information

Swimmers Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Address City State ZIP

Email: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Parent/Guardian #1: Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Emergency Contact Information (other than parents)

Name: \_\_\_\_\_ Relation to Swimmer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Insurance Information

Is the participant covered by family medical/hospital insurance? Yes  No

If so, indicate carrier or plan name \_\_\_\_\_

Carrier Address \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Social Security number of policy holder or insurance ID number \_\_\_\_\_

### Medications

This person takes NO medication of a regular basis

This person takes medications as follows:

Med #1 \_\_\_\_\_ Dose \_\_\_\_\_ Times Taken \_\_\_\_\_

Reasons for Taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dose \_\_\_\_\_ Times Taken \_\_\_\_\_

Reasons for Taking \_\_\_\_\_

### General Questions

No

Has/does the participant:

Y N

Y N

Had any recent injury illness or infectious disease?

Had mononucleosis w/in the past 12 months?

Have frequent headaches?

Have a chronic or recurring condition?

Ever been knocked unconscious?

Ever had a head injury?

Ever been dizzy during or after exercise?

Ever been diagnosed with a concussion?

Ever had chest pains during or after exercise?

Ever had seizures?

Ever been diagnosed with a heart murmur?

Ever had high blood pressure?

Ever had joint problems (knees, shoulders)?

Ever had back problems?

Have asthma?

Have diabetes?

Ever use an inhaler for exercise?

Other \_\_\_\_\_

Please explain any "yes" answers, noting the number or the questions:

\_\_\_\_\_  
\_\_\_\_\_

## PERMISSION/RELEASE AGREEMENTS

1. I hereby certify that my child is in normal health and capable of safe participation in the youth aquatics program. I assume all risk(s) and hazards incidental to the conduct of this program. In the event that parent(s) and/or the emergency contact cannot be reached immediately, I hereby authorize the YMCA to obtain medical treatment, including hospitalization, for my child, to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child.
2. In consideration of participating in Marlins Swim Team and for other good and valuable consideration, I hereby agree to **release** and **discharge from liability** arising from the negligence of the Mankato Family YMCA, Tourtelotte Pool and the City of Mankato and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, spouse, parents, heirs, assigns, personal representative and estate, and also agree as follows:
  - a) I acknowledge that participating in Marlins Swim Team activities involve known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. I understand such risks simply cannot be eliminated, without jeopardizing the essential qualities of the activity.
  - b) I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My child's participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that my child is unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
  - c) I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my child's participation in this activity arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
  - d) I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if my child is injured, killed, or property is damaged during his/her participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

3. I support YMCA Marlins Swim Team philosophy to provide an opportunity for all swimmers age 6-18 to reach their highest potential as a person and athlete. Every athlete will be provided the best environment and resources that will allow them to be successful in and out of the water. The focus will be on building a healthy spirit, mind, body and social well-being for all of our athletes.
4. I authorize the reproduction, publication, and use by the Mankato Family YMCA for promotion, public relations of any picture or video footage of my child taken in this aquatic program.
5. I authorize the reproduction, publication, and use by the Mankato Family YMCA for social media use of any picture or video footage of my child taken in this aquatic program (Facebook & Twitter.)

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to my child or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_

### PARENT OR GUARDIAN ADDITIONAL AGREEMENT

**(Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_