

RELEASE OF LIABILITY

By signing this I agree that my child is a member of Foothill Club Water Polo (FCWP) and has my permission to participate in all club activities including but not limited to practices, scrimmages, games.

I certify that my child has full medical insurance. I also certify, to the best of my knowledge that my child is physically fit and able to participate in sporting events.

I acknowledge that water polo is an extreme sport and can lead to minor or serious bodily injury. With full understanding of the potential risks, I hereby assume those risks of participation. In the event of an injury, I assume financial responsibility for the bills incurred.

In the event of injury or sudden illness, I as legal guardian, hereby grant my permission for my child to be treated by a qualified and licensed physician in the event that immediate treatment is necessary, as determined by the attending physician. Permission for treatment is authorized in the event that I am unable to be reached following a reasonable effort to do so. I understand that it is my responsibility to inform the club administration when my contact and/or insurance information changes.

I also agree to pay all fees associated with participating in any sessions or tournaments that my child participates in.

I certify that I have read and understand the release of liability. I understand that the release of liability applies to all activities or events sponsored by FCWP. I understand that I have given up substantial rights.

By signing this document I execute the foregoing release for and on behalf of my child. I hereby bind the minor, all other assignees and myself to the terms of this release. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein. I agree to indemnify and hold harmless the persons or entities named in this waiver and release for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of this release.

I fully consent to my child's participation in any of the 2019/2020 sessions sponsored by FCWP. This permission is granted for this period of time: August 31, 2019 – August 1, 2020.

Child's Printed Name _____

Parent/Guardian's Printed Name _____

Parent/Guardian's Signature _____

Date Signed ____/____/____