



Participation Agreement



The Ben Lomond Swim Team has your child's best interest in mind and we need to have this form as accurate as possible to insure that if an emergency were to occur, the staff will be able to react in the best possible way. Failure to fill out this form completely, including signatures, will result in your child being unable to participate in the team activities. It is required for both legal and medical emergency reasons.

The Prince William, County Park Authority and the Ben Lomond Swim Team, Inc assume no liability for injuries or damages arising from the result of participation. Due to the strenuous nature of some activities, the participant is urged to consult his/her medical physician concerning ability to participate. All activities present inherent risks and hazards, which the participant assumes.

I/we expressly stipulate and agree to indemnify and hold harmless the Prince William County Park Authority, its servants and employees or the Ben Lomond Swim Team, Inc., its officers, agents, and coaching staff, against all claims and actions which might result from personal injuries, known or unknown, sustained by my child or ward due to participation in the above-described activity.

In case of an accidental or serious illness, I/we authorize personnel of the Prince William County Park Authority or representatives of the Ben Lomond Swim Team, Inc to call Emergency 911 an/or send my child to a hospital/urgent care facility, and the hospital and medical staff have my authorization to provide treatment which a medical physician deems necessary for the well being of my child. It is understood that I/we will assume the responsibility for payment of any rendered medical services or treatment.

I/we, the undersigned, have read this agreement and understand all of its terms. I/we execute it voluntarily and with full knowledge of its significance. To the best of my knowledge there are no physical or other conditions, which will interfere with my child's participation. I also understand that the Prince William County Park Authority and the Ben Lomond Swim Team may use photographs/videos taken of the recreational programs.

Parent/Guardian	Date	Parent/Guardian	Date
-----------------	------	-----------------	------

Participant: _____ Age: _____ Date of Birth: _____

Parent's or Guardian's Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Day Phone (Father): _____ Day Phone (Mother): _____

Physician's Name: _____ Phone: _____

Insurance Company _____ Insurance Policy: _____

Persons to contact in case of emergency (other than above):

Name: _____ Phone _____ Relation: _____

All questions pertain to the participant: (Please circle the correct response)

1. Do you have any know cardiac conditions that might prohibit or limit your participation in an exercise program? Yes No
2. Do you take any prescription medicine on a regular basis? Yes No
3. Do you have any drug or food related allergies? Yes No
4. Do you have any orthopedic problems affecting the feet, ankles, knees, or hips that cause pain or limit motion in any way? Yes No
5. Do you have asthma or any other respiratory ailment? Yes No If Yes, do you bring an inhaler to practice? Yes No

If you have answered "yes" to any questions, please explain in further detail.
