

Medical Release Waiver

I certify that I am the parent or legal guardian for my child(ren). I hereby give my permission for any supervisor, coach or other team administrator associated with **Oakdale Aquatics** to seek and give appropriate medical attention for our child(ren) in the event of accident, injury, illness. I will be responsible for any and all costs associated with any necessary medical attention and/or treatment.

I hereby waive, release and forever discharge **Oakdale Aquatics** from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during participation in **Oakdale Aquatics** activities, whether or not damages or loss is due to negligence. I hereby acknowledge that my child(ren) is (are) physically fit and capable of participation in all team activities.

If my child has any of the following medical conditions:

Allergies

Respiratory Conditions

Diabetes

Seizure Disorder