CONSENT AND RELEASE FORM

City of Oak Ridge Recreation & Parks Department Aquatic Programs

My child has been examined by a physician within the past 12 months and is found to be physically able to participate in the Recreation and Parks Department Aquatic Programs, which may include physical activities requiring rapid and strenuous movement. Rules and supervision are utilized to prevent or reduce the likelihood of physical injury. However, injuries, including those to the muscle, skeletal, circulatory and nervous systems, can occur. I fully understand the risk of injury arising from my child's participation in Recreation and Parks Department Aquatic Programs and I accept that risk as a part of granting permission for my child's participation. I also grant permission for my child to participate in all trips planned for the Recreation and Parks Department Aquatic Programs. I, on behalf of my heirs, executors, assigns and administrators do hereby release and discharge the City of Oak Ridge and any and all of its agents, employees and servants, from any and all liability of every kind, character and description from and by reason of any injury suffered by my child that may arise while he/she is participating in and under the supervision of the City of Oak Ridge Recreation and Parks Aquatic Programs. It is also agreed that this is the full and final release for the injuries mentioned above, and for all other claims or demands I or my child will ever have or now have against the said City of Oak Ridge as a result of my child participating in its Aquatic Programs.

In case of an emergency, the City of Oak Ridge and/or its employees have my authorization to obtain emergency medical aid for my child. I agree to pay all medical expenses incurred as a result of my child's participation in the Aquatic Programs.

I/We do hereby acknowledge that I/We have read the Aquatic Program Policies, and agree to abide by the same policies.

_____ _____

(Signature of parent/guardian) Date (Signature of parent/guardian) Date

Child's Name:_____ **Address:** _____

State: _____ **Zip:** _____ **Phone No.:** _____ **Grade Completed:** _____ **Date of Birth:** _____ **Age:** _____ **Sex:**_____

Mother's Name:	**Phone: (w)**	**(h)**
Father's Name:	**Phone: (w)**	**(h)**
Emergency Contact if parents unavailable:	**Phone:**	**Relationship:**
Family Physician/Phone: _____	**Insurance/Policy #:**_____	
List any medical concerns, known allergic reactions to bee stings, poison ivy, etc. or other special problems concerning your child:		