



Columbia Falls Swim Team

Letter of Consent / Release Form

I, the parent or guardian of _____ (full name(s) of swimmer(s)), give my approval for his/her participation in any of the organized and supervised activity program conducted by CFST with the full understanding of the following conditions:

- I understand that the possibility of major and/or minor injuries is an inherent danger in all sports activities. *Sprains, fractures, joint injuries and bruises are a few of the more common, but not all inclusive dangers. Swimming can result in injuries that may include, but is not limited to, head, neck or joint injuries, bruised organs, fractures, and in severe cases, paralysis or even death.*
- I understand that no member of the Board of Directors (Officers) of the CFST, or any employee or representative thereof, will under any circumstances, be held liable for accident, illness, fatality, or medical bills incurred as a result of participation in the activity program or associated trips.
- I understand that the CFST carries only secondary insurance on my child and the insurance will pay only for partial payment once my own insurance runs out. If I carry no insurance, I understand this secondary insurance may not cover my child entirely.
- I understand that I am granting permission for my child to participate in any Swim Team supervised activity except _____ (list exceptions if they exist).
- I understand that my child's Coach(es)/sponsor reserves the right to remove them from the team or take disciplinary action for any infraction that is considered by the coach/sponsor as being a detriment to the team and/or its members, (refer to code of conduct).
- In the event that my child is injured and needs medical attention and I am not present, I give my permission for medical procedures to start while efforts are being made to contact me. I understand efforts will continue to be made to contact me and I accept responsibility for all costs related to such treatment. Please initial one: YES
NO
- Please list medical conditions or allergies should your child need medical attention:

I certify that I have read and completed this form to the best of my knowledge and that I have a full understanding of its conditions.

Swimmer's Printed Name	Swimmer's Signature	Date
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Parent/Guardian Printed Name	Parent/Guardian Signature	Date
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Columbia Falls Swim Team
P.O. Box 156
www.cfswim.org
Columbia Falls, MT 59912