



Child's Last Name First Date of Birth Age Sex

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Home Address - Street City State Zip

Please check whom to contact first in case of an emergency

() Contact father

Name Phone Phone

() Contact mother

Name Phone Phone

Medical History

List, if any, medical history (allergies, learning disability, etc.) that we should be aware of or that would help us in working with your child:

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event of a medical emergency, the undersigned Parent(s)/Guardian(s) of the above named participant(s), hereby grants authorization to the Hubbard Family Swim School and Hubbard Summer Sports Camps ("Hubbard"), and its representatives, to employ any legally licensed physician or health care facility on behalf of each of the undersigned, and to direct and/or order emergency medical treatment for the above named participant(s). Each of the undersigned further agrees that neither Hubbard nor any of its representatives, shall be liable under any circumstances to anyone for exercising the foregoing authority in the event of an emergency.

INFORMED CONSENT AND WAIVER/RELEASE

I, the undersigned, as the parent or legal guardian of the child(ren) listed on this application in consideration of the request and permission of my son(s)/daughter(s) to participate in the Hubbard programs, including, but not limited to the Sports Camps, Swim Lessons, Swim Squads/Teams, and transportation to/from PV Camp and Elks Lodge, hereby assume full responsibility for all risks of injury or loss which may result from my son's/daughter's participation in this activity and hereby agree to hold harmless, release and forever discharge Hubbard, its officers, agents and employees from and waive any and all claims and demands whatsoever which the undersigned and any of them or any third person of any accident, illness, injury, or death of any person and persons, or damage to or loss or destruction of any property arising or resulting from swimming, archery, weight training, and a variety of strenuous exercise, vigorous physical activities and/or running directly or indirectly from my son's/daughter's participation in the aforementioned program and occurring during said participation or any time subsequent thereto, save and except that the above provisions shall not be applicable to injury to or death of persons, or damage to or loss of property arising out of the sole negligent acts or omissions of Hubbard, their officers, agents or employees. The terms of this release shall serve as a release and assumption of risk for my son(s)/daughter(s), heirs, executors and administrators and for all my family members.

I understand, agree, and acknowledge that there are risks inherent in the sports activities conducted by the Hubbard Family Swim Schools and the Hubbard Summer Sports Camp, including, but not limited to paralyzing injuries, brain injuries, and death. These activities may be of a hazardous nature and/or may include activities such as swimming, a variety of strenuous exercise, and vigorous physical activities. With the full understanding of the facts, I state, that to the best of my knowledge, my son(s)/daughter(s) listed on this application has no medical, physical, mental or emotional health condition which would hinder or prevent his/her active participation in Hubbard programs.

MINOR MODEL RELEASE

I understand that Photos and Videos (herein and after collectively "Images") are occasionally taken at Hubbard Family Swim School and Sports Camps ("HFSS") facilities and that any Images taken of myself or my minor child may be used. I here by give HFSS my permission to license the Images and to use the Images in any Media for any purpose (except pornographic or defamatory) which may include, among others, advertising, promotion, marketing or packaging for any product or service. I agree that the Images may be combined with other images, text and graphics, and cropped, altered or modified.

I agree that I have no rights to the Images, and all rights to the Images belong to HFSS. I acknowledge and agree that I have no right to Consideration or accounting, and that I will make no claim for any reason to HFSS.

I have read and understood, and I agree with the informed consent and waiver/release, emergency medical authorization, and minor model release outlined above as it relates to my son(s)/daughter(s).

Parent or guardian signature _____ Date _____