# Scarlet Aquatics: Assumption of Risk and Emergency Medical Authorization

708 Winchester Ave
Union, NJ 07083
Email: scarletaquaticsnj@gmail.com

I/We acknowledge that participation in competitive swimming and related activities, including practices, competitions, travel, dryland training, and team events, involves inherent risks of injury, illness, and other unforeseen hazards.

I/We voluntarily permit my/our child to participate in Scarlet Aquatics and acknowledge and assume the ordinary risks associated with such participation.

I/We certify that my/our child is physically capable of participating in team activities and that any relevant medical conditions, allergies, or restrictions have been disclosed to the Team.

## Emergency Medical Authorization

In the event of an injury, illness, or medical emergency involving my/our child, and if I/we cannot be reached in a timely manner, I/we authorize Aquatics coaches, staff members, and designated representatives to obtain emergency medical treatment as deemed necessary by licensed medical personnel.

I/We understand that reasonable efforts will be made to contact a parent or guardian as soon as circumstances permit.

I/We accept responsibility for any medical expenses incurred on behalf of my/our child and authorize emergency medical providers to administer treatment deemed necessary for my/our child's health and safety.

To the fullest extent permitted by applicable local, NJ, and Federal law, **I/We release and hold harmless Scarlet Aquatics, USA Swimming, New Jersey Swimming, facilities utilized by Scarlet Aquatics, and their respective administrators, directors, coaches, employees, volunteers, and representatives from claims arising from the ordinary risks inherent in participation in swimming and related activities.**

This authorization shall remain in effect for the duration of my child's membership with Scarlet Aquatics unless revoked in writing.

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Athlete Name

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Parent/Guardian Name

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Parent/Guardian Signature

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Date