



Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**AUTHORIZATION TO SEEK MEDICAL TREATMENT**

I hereby authorize any employee, agent, or representative of the City of Crescent City ("agent") to seek and consent to any x-ray examination, anesthetic, medical, surgery, diagnostic, treatment, and hospital care that is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon under the provisions of the Medical Practice Act. This permission is given in advance of any specific diagnosis, treatment or hospital care being required and is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment, and hospital care which, in the exercise of his or her judgment, may be advisable.

I hereby authorize any health facility which has provided treatment to the above-named child pursuant to the provisions of Section 6901 (dental), 6902 (medical), 6903 (parent/guardian) and 6910 (authorization to seek treatment) of the Family Code to release such child to the aforesaid agent upon completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code.

Initial: \_\_\_\_\_

**ASSUMPTION OF RISK, INDEMNIFICATION & RELEASE OF LIABILITY**

I understand the risks of injury and illness (incl. communicable diseases such as MRSA, Influenza, and COVID-19) to my child from the activities involved are significant, including the potential for permanent disability and death, and that while rules and safeguards reduce these risks, the risks of serious injury and illness do exist. On behalf of myself, my spouse, and my minor child, I freely assume all such risks. I agree to indemnify and hold harmless the City of Crescent City and its officers, employees, representatives and agents from any and all causes of action, claims, liabilities, obligations, judgments, or damages, including reasonable attorney's fees, arising out of said child's participation in the program, including the City's active or passive negligence, except for such loss or damage arising from the sole negligence or willful misconduct of the City. Further, I hereby release the City of Crescent City and its officers, employees, representatives and agents from any and all causes of action belonging to said child or said child's parent(s) or legal guardian(s) resulting from the participation of said child in the program, except for losses or damages arising from the sole negligence or willful misconduct of the City.

Initial: \_\_\_\_\_

**REFUND POLICY**

There are no refunds after the first day of the session. If you cancel in advance, you may choose between a credit (for another child or another session) or you may fill out a form to request a refund from the City. If the request for refund is approved, a check will be mailed to you within 3-4 weeks. We do not give cash refunds.

Initial: \_\_\_\_\_

**PHOTO RELEASE**

I hereby authorize the City of Crescent City to publish photographs taken of my minor child for use in the City's promotional materials, including social media posts. I release the City of Crescent City from any expectation of confidentiality for my minor child.

Yes     No

Initial: \_\_\_\_\_

**PERMISSION TO PARTICIPATE**

By signing below, I affirm that I have read the foregoing terms and voluntarily agree to be bound by them. Having read and understood the terms of this agreement, I hereby give permission for my child to participate in the City of Crescent City's swimming lesson program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_