RETRIEVER DIVE CLUB
Medical and Liability Release Information Form

Part I

In the event of an accident, injury, or illness, I hereby give permission to the Retriever Dive Club coaching staff to seek medical treatment of behalf of my child, _____, at a nearby hospital, and authorize any medical treatment (including surgery requiring the use of local or general anesthetic). This authorization shall be in effect for as long as my child is participating in and/or involved in a diving session activity. Furthermore, I, undersigned, will assume full responsibility for all medical costs incurred by my child.

I also agree to waive and release the University of Maryland Baltimore County, the Retriever Dive Club and its employees from all rights and claims for damages, injury or loss to person or property which may be sustained during the diver's participation in the diving session and all activities related to this session.

_____ _____

(Signature of Parent/Guardian) (Date)

Part II

Name**:** _____

Birth Date: _____ Home #: _____

Parent's Names: _____

Home Address:_____

Work#: _____ Cell/Pager#: _____

Medical Insurance Company:_____

Phone #: _____ Policy/Group#:_____

Physician/Pediatrician Name_____

Please list any conditions/allergies your child has that the coaching staff should be aware of:

_____

_____