

**CITY OF EMERY
SWIMMING POOL AND SWIMMING AREA
RELEASE OF LIABILITY AND ASSUMPTION OF RISK**

The undersigned acknowledges and understands the following:

1. During swimming activities, certain risks and dangers are present;
2. Each person is responsible for his or her actions as well as for the safety of others in and around the pool area;
3. These risks may include physical injury due to accidents which may occur resulting from swimming pool activities;
4. The undersigned parent, on behalf of myself and my child, do hereby assume all of the risks of participating in swimming pool activities and will hold the City of Emery d/b/a Emery Swimming Pool, its employees, agents, trustees, officers, affiliates and associates, harmless from any and all liability, actions, causes of actions, claims, and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which I or my child now have or which may arise from or in connection with our participation in City of Emery swimming pool activities. I, along with my family or heirs, understand and agree that we cannot sue the City of Emery, d/b/a Emery Swimming Pool, its employees, agents, trustees, officers, affiliates and associates, and if I do, I agree to reimburse the City of Emery for its attorney's and court fees associated with any litigation I might bring against the City of Emery, its employees, agents, trustees, officers, affiliates and associates. I fully understand that the physical activities of my child involves the potential risk of injury. I also understand that my child's participation in the Emery swimming pool swimming activities is entirely voluntary. I agree to hold harmless and indemnify the City of Emery, d/b/a Emery Swimming Pool, its employees, agents, trustees, officers, affiliates and associates.
5. I further understand that it is important for the Emery Swimming Pool staff to have quick access to medical information, in the event of injury. I therefore authorize the City of Emery, d/b/a Emery Swimming Pool, its employees, agents, trustees, officers, affiliates and associates, in the event of any injury, to obtain any/all medical information related to myself or my child named below. The type of information which may be disclosed is as follows:

Problem List	Medication List
List of Allergies	Immunization Records
Most Recent History	Most Recent Discharge Summary
Lab Results	Entire Record

6. The information identified above may be used or disclosed to the City of Emery, d/b/a Emery Swimming Pool, its employees, agents, trustees, officers, affiliates and associates.
7. This information for which I am authorizing disclosure will be used in the event of injury and for sharing with other healthcare providers as needed in the event of an injury.
8. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the health information management department. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that this revocation will not apply to my insurance company when the law provides my insurer with the request to contest a claim under my policy.
9. This authorization will expire one year from the date of the signing of this authorization.
10. I understand that once the above information is disclosed, it may be re-disclosed by the recipient and the information may not be protected by federal privacy laws or regulations.
11. I understand authorizing the use or disclosure of the information identified above is voluntary.

Signature of Parent

Date

Name of Child/DOB (Please Print)

Name of Child/DOB (Please Print)

Name of Child/DOB (Please Print)

Name of Child/DOB (Please Print)

Emergency Information

Parent/Guardian Name: _____

Address: _____

Telephone: _____ Mobile: _____

Emergency Contact Name: _____ Telephone: _____