



Release, Indemnification and Medical & Emergency Form (For Participants Under 18 Years of Age)

Name of Participant: _____

I understand that my child's participation in the Bainbridge Water Polo Club (henceforth referred to as BWPC) High School retreat involves inherent risk and possible injury because of the nature of the activities, even when conducted in a safe manner. Injuries to participants in active recreation programs may occur from risks inherent in the activity; from placing stress on the body that it has not been prepared for; from accidents in learning or practicing techniques; from failing to follow training, safety or program rules; from the use of transportation associated with the activity; and from the administration of first aid. The severity of injury can range from minor cuts, scrapes, or muscle strains to catastrophic injury such as paralysis or even death.

In consideration for acceptance of my child as a participant in the Bainbridge Water Polo retreat, I hereby agree: to waive and forever release BWPC, its agents, and its contractors from any and all claims (including those for illness and bodily injury) arising out of or relating in any way whatsoever to my child's participation in the retreat, even though said claims may arise out of the negligence of BWPC and its employees, agents and contractors; to limit BWPC's liability to the applicable limits of BWPC's applicable insurance policy if the foregoing waiver and release is deemed unenforceable; to defend, indemnify and hold BWPC, its agents, and its contractors harmless from and against any and all claims (including those for illness and bodily injury), losses, damages, liabilities and expenses (including attorney fees) arising out of or relating in any way to my child's participation in the retreat, my failure to comply with any of the obligations under this document, or my failure to provide all relevant medical information for my child.

I authorize provision of emergency medical care to my child if needed during participation in the retreat when efforts to contact me and the emergency contact are unsuccessful, and I agree to be financially responsible for all costs thereof. I agree that the waiver and release, limitation of liability, and indemnification provisions of the foregoing paragraph shall apply to any provision of medical care. I represent and warrant that the information I provide on BWPC's Athlete Information Form fully and accurately sets forth all medical information that is relevant to my child's participation in the retreat.

I agree that this document shall be binding upon my heirs, representatives, successors and assigns. I understand and agree that this document is intended to be as broad and inclusive as is permitted by the laws of the State of Washington, and that if any portion of it is deemed unenforceable, the balance of it shall continue in full legal force and effect. I represent and warrant that I am the parent/guardian of the participant and that I am legally authorized to sign this document on his/her behalf.

I agree that if my signature is provided to BWPC via electronic means (e-mail, fax or otherwise), it shall nonetheless be deemed the equivalent of my original signature for all purposes.



I AM VOLUNTARILY SIGNING THIS DOCUMENT WITH THE INTENT PROSPECTIVELY TO RELEASE AND INDEMNIFY BWPC AND ITS EMPLOYEES, AGENTS AND CONTRACTORS AS SET FORTH ABOVE. I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND AND ACKNOWLEDGE THAT BY SIGNING IT I AM GIVING UP IMPORTANT LEGAL RIGHTS.

Name of Parent/Guardian: _____

Relationship to Participant: _____

Parent/Guardian Signature

(By typing your name in the signature line, you agree to the Release, Indemnification and Medical & Emergency Form of your athlete.)

Date