

RAQ Participants Name: _____ Date of Birth: _____

RIVERSIDE AQUETTES' (RAQ) AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT OF MYSELF AND PARTICIPATION IN RAQ ACTIVITIES; LIMITATION OF LIABILITY; MY HEALTH STATEMENT;

I/We, the undersigned, do hereby authorize Riverside AQUettes of Riverside, California (hereinafter "RAQ"), as agents for the undersigned, to consent to any x-ray examination, anesthetic, or surgical diagnosis or treatment and hospital care to the athlete identified above which is deemed advisable or necessary, and is to be rendered under the general or special supervision and upon the advice of a duly licensed medical personnel, physician, dentist or surgeon. I/we further authorize RAQ to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care that is deemed advisable or necessary. It is understood and agreed that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required for said minor child, but is given to provide authority and power on the part of our agent, RAQ, including RAQ coaches and designated chaperones, to give specific consent to any and all such diagnosis, treatment, or hospital care which the duly licensed medical personnel, physician, dentist or surgeon determines in the exercise of his/her best judgment may deem advisable or necessary.

I/We, the undersigned, agree to be responsible for the payment of any and all medical and/or dental services rendered. I/We warrant and represent that we have investigated our insurance coverage and listed below and understand that it covers medical and dental treatment in Southern California for health issues that may arise from my participation with RAQ.

I/We give my full consent for my child to attend any event at which RAQ students practice, perform, compete, or in any way participate, as well as any event sponsored by RAQ. I/We give full consent for RAQ to use any and all likeness through photographs, video, audio, etc. of myself to promote the RAQ and /or synchronized swimming. I/We also acknowledge that it is my/our responsibility to have safe behavior and conduct.

I/We agree not to hold RAQ staff, board members, advisory board members, volunteers or agents responsible or liable in any way for accident or injuries to my child that may be incurred while on an outing away from RAQ primary practice area or at an event on the ground of any and all RAQ practice area (s).

I/We also agree not to hold RAQ, staff, board members, advisory board members, volunteers or agents responsible or liable in any way for accident or injuries while volunteering at any event at which the RAQ practice, perform, compete, or in any way participate, as well as any event sponsored by RAQ.

I/We, the undersigned, understand that at the functions, activities, practice and competition engaged in by RAQ athletes, both aquatic and otherwise, include strenuous activity as a regular part of the RAQ program. To the best of our knowledge, I am in excellent physical and mental health and needs no restrictions from strenuous activity. If we have any question regarding our health, we understand that it is our obligation and responsibility to seek professional medical advice and to inform RAQ of any health problems and/or restrictions on our activities in writing.

This authorization/acknowledgement form is effective for a period of one (1) year from the date of signature.

Signature Date _____

Medical/Dental Insurance Carriers and policy numbers: _____
