

**North Shore Swim Club
Signed Release Form**

Athletes Name: _____ **D.O.B:** _____

Address: _____

SS# _____

Emergency Contact: _____

Day Phone: _____ Work Phone: _____

Cell Phone: _____ Pager Number: _____

Medical Insurance Carrier (Name & Policy #)

Dental Insurance Carrier (Name and Policy #)

Family Doctor: _____ Telephone #: _____

Medications (List Details): _____

Allergies (List/What to Do): _____

Please list any past medical/surgical condition (s):

Release:

I agree to participate in the program and hereby agree to indemnify and hold harmless the North Shore Swim Club, Salem State College, Gordon College, Craig Lewin, New England Masters, its coaches and officers, directors, agents and employees against any liability resulting in any injury that may occur to the participant while participating in the program. The participant agrees to indemnify the North Shore Swim Club, Salem State College, Gordon College, Craig Lewin, New England Masters, its coaches and officers, directors, agents and employees for any damages incurred arising from any claims, demand, action or cause of action by the participant. The participant authorizes any representative of NSSC to have the participant treated to any medical emergency during their participation in the program. Further, the participant agrees to pay all costs associated with medical care and transportation for the participant. I have noted on the medical health release form any medical health problems of which the staff should be aware. I have carefully read the above liability release and sign it with full knowledge of its content and significance. I hereby give for myself, my heirs, administrators, executors and personnel representatives waive, release and forever discharge any and all rights and claims for damages which I may accrue against the North Shore Swim Club, United States Swimming, New England Masters, Salem State College, Gordon college, Craig Lewin or their respective employees which may be suffered by the athlete. I also hereby give consent for medical care to be given to myself at the nearest medical facility available and release any medical information necessary for treatment to be given. I acknowledge medical and liability release.

Signature: _____ Date: _____