

Lifeguard-in-Training Program Application

Ship Bottom Beach Patrol 2016

Hold Harmless & Medical Release Information

Injuries are inherent to sports; therefore, in the event of an injury, I hereby release the Borough of Ship Bottom, its officers and volunteers, as well as all sponsors from all liability. I also understand that primary medical insurance is my responsibility if there is an injury. Since I am not present, I hereby give permission for any and all medical attention necessary to my child in the event of an accident, injury, sickness, etc., under the direction of the Ship Bottom Beach Patrol until such time as I may be contacted.

Name: _____
(Participant)

Insurance Company: _____

Policy Number: _____

Physician: _____ Phone #: _____

Address: _____

Emergency Contact: _____
(OTHER THAN YOURSELF)

Phone #: _____

Known Allergies or Medical Conditions: _____

PERMISSION FOR MINORS: As the lawful parent/guardian of the above child, I have read, completed and understand this form and give permission for him/her to participate in this activity.

I acknowledge this to be a voluntary activity that is not without risk, and I assume all risks involved with my child's participation. In light of the foregoing, I hereby agree to indemnify and hold harmless and release from any and all liability for any and all injuries my child may sustain as a result of my child's participation in the Borough of Ship Bottom's Lifeguard in Training Program, the Mayor and Borough Council, all Borough Officials, elected or appointed and municipal employees.

SIGNATURE (PARENT/GUARDIAN): _____

DATE: _____