



Adventure Camp, Top Gun, Sporty Girls
Marin Explorers

Use of Pool Facilities -Acknowledgment and Assumption of Potential Risk Form - Minor

I, _____ (print name of parent/guardian) hereby authorize _____ (print name of minor) to participate in the public open swim program at the College of Marin Kentfield Campus swimming pool facility on 6/23, 6/30, 7/14, 7/21, 7/28 (enter date(s)).

8/4/17

I understand and acknowledge that use of a swimming/diving pool, by its very nature, poses the potential risk of serious injury/illness to individuals who participate in such activities. I understand and acknowledge that some of the injuries/illnesses that may result from participating in the open swim program include, but are not limited to, the following:

1. Sprains/strains
2. Fractured Bones
3. Unconsciousness
4. Head and/or back injuries
5. Paralysis
6. Loss of eyesight
7. Communicable diseases
8. Drowning
9. Death

I fully understand that participants are to abide by all rules and regulations governing conduct while using pool facilities.

I understand and acknowledge, and agree to assume liability and responsibility for any and all potential risks that may be associated with my child using the pool facilities. I understand, acknowledge, and agree that the Marin Community College District, its employees, officers, agents, or volunteers, shall not be liable for any injury/illness suffered by my child which is incident to and/or associated with preparing for and/or using the swimming pool facilities.

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist, and performed by or under the supervision of a member of the medical staff of a hospital or facility furnishing medical or dental services.

Emergency Contact Information: _____ (Print Name(s))

Address: _____ Phone No. _____

Medical Insurance Carrier: _____ Policy No. _____

Name of Minor: _____ Date of Birth: _____

Address: _____ Phone No: _____

I acknowledge that I have carefully read this form and that I understand and agree to its terms.

Parent/Guardian Signature Date