

**Donaldson Run Dive Team
Permission to Treat/Release**

We/I hereby give permission for the following diver(s) to participate on the Donaldson Run Dive Team:

Name of Diver(s)

We/I hereby release Donaldson Run Recreation Association and its employees, officers or agents (including the Dive Team coaches and Dive Team representatives) from any and all claims or other liability arising from the above divers' participation on the Donaldson Run Dive Team, at Donaldson Run or other locations.

We/I hereby give permission for any and all medical attention necessary to be administered to the above diver(s) in the event of an accident, injury, illness, etc. occurring while under supervision of the Donaldson Run Dive Team. This authorization is effective during 2009. We/I also hereby assume responsibility for payment of any such treatment.

If we/I cannot be reached, the following individuals are authorized to execute any required consent for medical treatment on our/my behalf:

Katie Grossi, Head Coach
Chris Carstens, Team Representative
Holly Simmons, Team Representative
Mike Clark, Pool Manager

PLEASE LIST KNOWN ALLERGIES OR MEDICAL PRECAUTIONS TO BE
TAKEN ON BEHALF OF DIVER(S):

Parent's Signature: _____ Date: _____

Parent's Name (please print): _____

Physician: _____ Physician's Phone: _____

Insurance Company: _____ Policy No. _____