

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

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

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Name of Diver

We/I hereby release the Donaldson Run Recreation Association and its employees, officers or agents 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 2008. 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  
Pam Taylor, Team Representative  
Mike Clark, Pool Manager

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

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Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_