

**INCARNATE WORD ACADEMY  
SWIM TEAM PERMISSION AGREEMENT**

Name of Student \_\_\_\_\_ Classification \_\_\_\_\_

I hereby consent for the above-named student to participate on the 2009-2010 Swim team. I do hereby, as parent/legal guardian/managing conservator, and on behalf of the student agree to indemnify and hold harmless Incarnate Word Academy from any claim or action for property damage, personal injury, or death arising from or on account of the Swim team activities.

Medical Authorization and Hold Harmless Agreement

In the event of an injury, illness, or other medical emergency, the undersigned authorizes Incarnate Word Academy or a representative of the school's administration to act as the undersigned's agent and further authorizes and consents to any and all medical treatment and assistance by a doctor, dentist, hospital or other medical facility or qualified person as the school or its representative deems necessary or appropriate. Any person or facility providing medical treatment or assistance may rely on this authorization as being in full force and effect unless and until they receive written instructions from the undersigned to the contrary. I do hereby agree to indemnify and hold harmless Incarnate Word Academy from any claim or action for personal injury or death arising for or on account of such medical treatment, regardless of whether such claim or action is founded in whole or in part upon the alleged negligence of Incarnate Word Academy, its agents, employees, or representatives.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print both parent's/guardian's first/last names

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Father's Cell Number

\_\_\_\_\_  
Mother's Cell Number

\_\_\_\_\_  
Person to Contact if the parents are not available

\_\_\_\_\_  
Contact's Home/Cell Number

\_\_\_\_\_  
Family Physician

\_\_\_\_\_  
Physician's Phone Number

My family has medical coverage with \_\_\_\_\_

Group# \_\_\_\_\_ Policy# \_\_\_\_\_