

In consideration of the Ames Cyclone Aquatics Club and of Ames Community School District granting the student permission to participate in Ames Cyclone Aquatics Club, I hereby assume all risks of his or her personal injury (including death) that may result from any Ames Cyclone Aquatics Club activity. As either a Student or Parent/Guardian, I do hereby release the State of Iowa, Ames Community School District Board, Ames Community School District, Ames Cyclone Aquatics Club and their officers, employees, agents from all liability, including claims and suits at law or in equity, for loss, damage or injury, fatal, and all infectious disease, or otherwise which may result from the student taking part in Ames Cyclone Aquatics Club activities. In addition, I hereby authorize and give my consent to the health authorities of Ames Community School District or any licensed health professional to perform upon or administer any reasonable, necessary surgical or medical treatment. I also give permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. This authorization is intended to cover emergency treatment, immunizations, injections, and minor operations and procedures. In the case of psychiatric and/or psychological treatment, parent authorization for treatment beyond that responsive to the emergency will be requested. I agree to assume all costs related to such treatment. I also authorize the disclosure of medical information to my insurance company for purpose of claim. I understand that I will be responsible for any medical or other charges in connection with student's attendance in Ames Cyclone Aquatics Club. (Each participant must provide his/her own medical insurance.)