

Liability Waiver/Photo Release -- Please complete and return to Booroojian mail folder.

By signing below, you agree as follows:

I (we), do hereby, give my consent for our child(ren) to actively participate in all activities of the Los Ranchitos Cabana Club (LRCC) Swim Team.

I (we) assume all risks and hazards incidental to participating in the LRCC Swim Team approved activities.

It is understood that in the case of emergency, every effort will be made to contact me (us) at the phone numbers listed on the Registration and Emergency Card. The undersigned parent or legal guardians of the swimmer(s) listed below, do hereby authorize an x-ray examination, anesthetic, medical or surgical diagnosis rendered under general or specific supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act, or a dentist licensed under the provisions of the Dental Practice Act and on the staff at any acute general hospital currently licensed by the State Department of Public Health. This authorization is given pursuant to the provisions of the California Civil Code. Consent remains in effect until 7/31/2005.

I (we), do hereby, give my consent for photographs to be taken of my child(ren) which may be displayed on the LRCC website. I understand that my child's name or any other identifying data will not accompany such photograph.

Swimmer name(s): _____

Parent or Guardian Signature: _____

Parent or Guardian Name: (please print): _____

Date: _____