



ATHLETE WAIVER (Required for EACH Athlete)

PARTICIPANT: (Name and Address)

INSTITUTION: The University of Texas at Austin

LOCATION: Lee and Joe Jamail Texas Swimming Center

ACTIVITY: TISCA State Water Polo Tournament

DATE: May 3-4, 2019

I, the above named Participant, have volunteered to participate in the above-referenced Activity. I acknowledge that the nature of the Activity may expose me to hazards or risks that may result in my illness, personal injury or death and I understand and appreciate that nature of such hazards and risks.

Release and Indemnification: In consideration of my participation in the Activity, I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release the above named Institution, its governing board, officers, employees and representatives from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Activity, whether caused by negligence of the Institution, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described Activity.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENCE OR INTENTIONAL ACT OR OMISSION.

Consent for Treatment: I, the undersigned, as Participant in the activity, hereby authorize such diagnostic, medical and/or surgical treatment of myself as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury. The attending physician, appropriate staff, and The University of Texas at Austin and its officers, regents, and employees shall not be responsible in any way for any consequences from said diagnostic, medical and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

Authorization for Release of Medical Information to Staff: This authorizes The University of Texas at Austin physicians and medical personnel to release relevant information concerning the medical status, medical condition, injuries, prognosis, diagnosis and related personally identifiable health information of _____ (Participant) to Texas Swimming Center staff. This information includes injuries or illnesses relative to participation in the above named activity at The University of Texas at Austin.

The reason for this disclosure is to advise the Texas Swimming Center staff of the nature, diagnosis, prognosis or treatment concerning any medical condition, injuries or illnesses Participant may have so that they may make decisions regarding Participant's ability and suitability to participate in Texas Swimming Center activities. I understand that the entities that receive the information are not health care providers or health plans covered by federal privacy regulations, and that the information described above may be redisclosed publicly and that the information will no longer be protected by those regulations.

I understand that The University of Texas at Austin will not receive compensation for its use/disclosure of the information. I understand that I may refuse this authorization and that my refusal will not affect my ability to obtain medical treatment. I may inspect or copy any information used/disclosed under this authorization.

I understand that I may revoke this authorization in writing at any time by notifying, in writing, the Business Office of the Texas Swimming Center, but if I do, it will not have any effect on actions The University took in reliance on this authorization prior to receiving the revocation.

Participant has reviewed and agrees to abide by the Lee and Joe Jamail Texas Swimming Center Rules and Regulations, as well as any requests of UT staff members. **Participants must have a valid National Governing Body (NGB) registration card in order to participate.**

Signature of Parent/Guardian (must be 18 years of age or older)

Date

Signature of Participant

Date

USA Water Polo ID # _____