



SASKATOON DIVING CLUB
Agreement to Team Travel with Chaperone
Travel Waiver

This form must be completed by any diver who represents the Saskatoon Diving Club.

Athlete Name (please print): _____

Date of Travel (please print): _____

Emergency Contact Information

Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

1. I hereby declare that I have read and fully understand the **Saskatoon Diving Club Travel Policy** and agree to abide by the terms herein.
2. I agree to the Saskatoon Diving Club providing a chaperone.
3. I agree to pay my portion of travel costs in a timely manner.
4. In consideration for the right for myself or my child to participate in such activities, and other services and activities arranged for me or him/her, I have and do hereby assume all risks and will forever indemnify, hold harmless, and covenant not to sue the Saskatoon Diving Club, its employees, property owners, directors, officers, and members from any and all liabilities, actions, causes of actions, debts, claims, demands, or other liability of every kind and nature whatsoever which may arise or in connection with my or his/her trip to or participation in this program, whether caused by ordinary negligence or otherwise. This signed agreement serves as a release or assumption of risks for my heirs, executors, and administrators, assigns, next of kin, and members of my family. This agreement is meant to be broad and inclusive.
5. **MEDICAL RELEASE:** In the event that a medical emergency should arise, we for ourselves, the child, our heirs, personal representatives and assigns acknowledge and agree that the child may be taken to a hospital, clinic or similar entity providing emergency medical care in order to receive medical attention.



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General Medical Information

Please list ANY medical problems such as food allergies, chronic conditions, etc.:

Medications presently taken: _____

Signature: _____ Date: _____

(Signature of parent/legal guardian for Athlete under age 18)