



In computer _____
by: _____

NAME:

Last

First

Expires:

PLEASE PRINT

Family Liability Waiver

This form is valid for two years from date of signing

Head of Household's Name: First _____ Last _____

Address _____ City _____ State _____ Zip _____

Phone #'s Home _____ Work _____ Cell _____

E-Mail _____ Date of Birth _____ Swimmer/ Non-swimmer

Physician's Name _____ Phone# _____

Physician's Address _____

Primary Disability or Known Condition of Medical Risk _____

List Any Allergies _____

List all Medications _____

What health insurance do you have: _____ Oregon Health Plan _____ PacificSource
_____ None _____ Other (name of company): _____

May we e-mail you current information regarding our programs, yes or no? _____

Family Member 1)

Name: First _____ Last _____

Primary Disability or Known Condition of Medical Risk _____

List Any Allergies _____

List all Medications _____

Date of Birth _____ Swimmer/ Non-swimmer

Continue on Reverse

Family Member 2)

Name: First _____ Last _____

Primary Disability or Known Condition of Medical Risk _____

List Any Allergies _____

List all Medications _____

Date of Birth _____ Swimmer/ Non-swimmer

Family Member 3)

Name: First _____ Last _____

Primary Disability or Known Condition of Medical Risk _____

List Any Allergies _____

List all Medications _____

Date of Birth _____ Swimmer/ Non-swimmer

Family Member 4)

Name: First _____ Last _____

Primary Disability or Known Condition of Medical Risk _____

List Any Allergies _____

List all Medications _____

Date of Birth _____ Swimmer/ Non-swimmer

I, _____, have voluntarily chosen to participate in a Tamarack Aquatic Center swim and/or exercise program. I understand that there are inherent risks involved in this activity, in and around the Tamarack Aquatic Center pool and I accept any and all responsibility for injury and/or damage, which I and/or my family may incur during this activity.

Signature

Date

TWC use only	
Entered:	by: