

# Rip City Diving Club

## GENERAL INFORMATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

## EVENT

As a participant in Rip City Diving Club, individuals will learn and practice diving techniques. Practice will take place on dry land as well as on the 3 meter and 1 meter diving boards. The event is open to individuals of all experience levels, ages 8 & up. All skills will be taught and based on the individual's level.

## MEDICAL INFORMATION

**Medical Insurance:** Everyone participating in the *Event* is required to have adequate medical coverage. Please state below the provider and policy number of the insurance plan you will be covered by during the program period.

Health Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Insofar as any participant having a medical condition, it is the responsibility of said individual to have all necessary medications throughout the duration of the event. We/I further hereby give permission to the coaches, training staff, or other medical professionals to provide medical care as deemed necessary to my child in case of injury of illness.

## EMERGENCY CONTACT INFORMATION

In Case of an Emergency, please first contact local help by dialing 911 or the local authorities. Please also contact:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## CONFIDENTIALITY NOTICE

A copy of this form will be filed in the Administrative Office, for use in emergencies only and will be destroyed once the event is complete. Please note that this form contains confidential information and should be handled accordingly.

## WAIVER

We/I agree and acknowledge that neither Rip City Diving Club, The Trustees of Columbia University in the City of New York (the "University"), nor any of its present or former trustees, officers and employees ("agents or employees") shall have responsibility for any loss, injury, or damage including, but not limited to, any personal injury, death, or property damage. We/I hereby expressly waive all rights, claims, causes of action, and the like of any nature whatsoever which we/I or my heirs or legal representatives may have against the University or any of its agents or employees in connection with my child's participation in said activity. By signing this Liability Waiver, we/I acknowledge that we/I understand that my child's participation in this activity is completely voluntary and involves risk of injury. We/I agree and promise to indemnify, defend, and hold harmless the University, including all of its agents, trustees, employees, representatives or assigns, including the Department of Intercollegiate Athletics and Physical Education, the coaching and training staff and the event's employees, from all claims resulting from any injuries, damage, illness, or death in connection with my child's participation in the event.

\_\_\_\_\_  
Signature (Participant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Signature (Participant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Signature Parent or Guardian

\_\_\_\_\_  
Date