San Gabriel Aquatics Medical Treatment Consent and Release Agreement

I acknowledge that I am executing this agreement (this "**Agreement"**) for the benefit of San Gabriel Aquatics, LLC, a Texas Limited Liability Company ("**SGA**"). I desire for my Child to participate in various activities offered by and/or associated with SGA (whether singular or plural, the "**Activities**"). As lawful consideration for my Child being permitted to participate in the Activities, I agree to all the terms and conditions set forth in this Agreement.

I certify that: (1) I am the adult parent or legal guardian of the child or children I have registered with SGA (whether singular or plural, "**my Child"**); (2) my Child is under the age of eighteen and is the registrant specified in the SGA registration form associated with this Agreement (the "**Registration Form"**); (3) all of the information provided on the Registration Form is true and correct; (4) I have the legal right to consent to the terms and conditions of this Agreement and hereby do consent to the terms and conditions of this Agreement; and (5) my Child is in good health and any physical or other condition that would affect participation in the Activities has been disclosed to SGA in writing.

I hereby authorize any supervisor, coach, administrator, official, or other person involved in the Activities to provide and/or seek and consent to any appropriate medical care and treatment for my Child in the event of an accident, injury, or illness. I further consent to any medical care and treatment for my Child that is recommended by a licensed healthcare provider to whom my Child is presented for treatment.

In order to ensure that my Child receives prompt medical care and treatment when necessary, I affirm that: (1) I will pay for any and all costs associated with any medical attention and/or treatment given to my Child and that SGA shall have no responsibility to pay any costs related to my Child's medical care and/or treatment; and (2) I hereby release any licensed healthcare provider delivering medical care and/or treatment to my Child in accordance with this Agreement from liability relating to such provider's acceptance of the consent in this Agreement.

I have read and understand and confirm the agreement above by my acknowledgment of this agreement.