



## FAMILY SWIM WAIVER

Parent or Guardian Name(s) \_\_\_\_\_ and \_\_\_\_\_

Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Addtl. Child: Last \_\_\_\_\_ First \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Addtl. Child: Last \_\_\_\_\_ First \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Home Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Pin \_\_\_\_\_

Preferred E-mail Address: \_\_\_\_\_

How did you hear about Water Town? \_\_\_\_\_

### **Emergency Contacts:**

Emergency Contact #1: Name \_\_\_\_\_ Home Cell \_\_\_\_\_ Relationship to student \_\_\_\_\_

Emergency Contact #2: Name \_\_\_\_\_ Home Cell \_\_\_\_\_ Relationship to student \_\_\_\_\_

### **Medical History**

List, if any, medical history (allergies, learning disability, etc.) that we should be aware of and would help us in working with your child:

\_\_\_\_\_

### **Water Town Swim School Informed Consent and Waiver/Release of Liability**

I, the undersigned, as the parent or legal guardian of the child(ren) listed on this application agree and understand that swimming is a hazardous activity. I recognize that there are risks inherent in the sport of swimming, including, but not limited to, paralyzing injuries and death.

The participant hereby agrees to participate in the Water Town Swim School swim lessons and programs and hereby agrees to indemnify and hold harmless Water Town Swim School its coaches, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in the Water Town Swim School swim lessons or programs. The participant also agrees to indemnify Water Town Swim School for any damages incurred arising from any claims, demand, action or cause of action by the participant. Water Town Swim School assumes no responsibility for any personal property placed in or about the facility.

The parent/guardian authorizes any representative of Water Town Swim School to have the participant treated in any medical emergency during their participation in the Water Town Swim School swim lessons or programs. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

I have read and agreed to Water Town Swim School's terms and conditions.

Photos and/or Video

I also understand that photos and/or video are occasionally taken at Water Town Swim School and that any photo and/or video taken of my child(ren) may be used for Water Town publicity purposes.

I have read and understood, and I agree with the Informed Consent and Waiver Release of Liability outlined above, as it relates to my son(s)/daughter(s).

Parent or Guardian Signature \_\_\_\_\_ Name Printed \_\_\_\_\_ Date \_\_\_\_\_