

Swimming Lessons Liability Waiver



Please read carefully and fill in all blanks before signing

I, _____ the participant or parent/guardian, desire to take part in Swimming lessons and/or other aquatic programs conducted at Splash Swim School.

I am aware that engaging in his activities carries inherent risks, including the potential for physical harm, loss of life, or damage to property.

I acknowledge and consent that I/my child _____ have chosen to participate willingly and understand the associated risks. I confirm that neither I nor my child have known physical or medical conditions that would impede our ability to take part.

In exchange for the privilege of participating in the aforementioned activities, I hereby release and absolve Splash Swim School, along with their employees, volunteers, and representatives ("Releasees"), from any and all claims concerning personal injury, death, or property damage that may arise due to or in connection with my/my child's involvement in these activities. This release liability shall not apply in situations where such harm is the direct result of intentional misconduct or severe negligence on the part of the Releasees.

I acknowledge that photographs or images of myself/my child may be taken during the activity. I provide Splash Swim School, along with their agents and affiliates, with unrestricted permission to utilize my/my child's name, photographs, or any other documentation of our participation in this activity in any form of broadcast, telecast, or other reports related to the activity for promotional purposes, without any compensation. I signify my consent by placing my initials here.

By signing this waiver, I affirm that I have read and understand it and agree to its contents

Initial

Participant Signature

Date (Day/Month/Year)

Signature of Parent or Guardian (where applicable)

Date (Day/Month/Year)

For Adult/Parents/Guardians of swimming participants:

I _____ (swimmer/minor's parent/guardian), hereby consent to my/his/her participation in the activity. If I/my child is injured or becomes ill and neither I nor the other parent/guardian/emergency contact can be reached at the numbers below, I give Splash Swim School permission to seek medical attention for myself/child,

Emergency Contact Info

Contact/Parent/Guardian Name: _____

Primary Phone: _____

Secondary Name and Number: _____

Initial

Printed Name of Participant

Name and Surname: _____

(Name/Parent Signature)

(Date)