



Medical Release and Waiver of Liability

Parent/Guardian Name(s):			
Child(ren) Name(s):			
Mailing Address:		City:	Zip:
Daytime #:	Evening #:	Alt #:	
Emergency Contact Name:		Email:	
Relationship to Child(ren):	Phone #:	Alt #:	
Physician:		Phone #:	
It is our goal at Aqua-Tots to help your child become a safer swimmer. Is there any additional information you would like to share with us to help achieve this goal?			
Please list any special health considerations:			
Special Comments, Concerns or Suggestions for the Future:			

Authorization - *Please read carefully before signing. This is a release of liability and waiver of certain legal rights.*

I, _____, the enrolled participant and/or the parent/guardian of the participant, 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 swim lessons/swim team/swim activities at any/all Aqua-Tots locations and hereby agrees to indemnify and hold harmless Aqua-Tots, its coaches, officers, directors, agents, and employees against any liability resulting from any injury that may occur to the participant while participating in the swim lessons/swim team. The participant also agrees to indemnify Aqua-Tots for any damages incurred arising from claims, demand, action or cause of action by the participant.

The participant authorizes any representative of Aqua-Tots to have the participant treated in any medical emergency during their participation in the swim lessons/swim team. Further, the participant and/or parent/legal guardian agrees to pay all costs associated with medical care and transportation for the participant.

I acknowledge Aqua-tots goal is to help participants become safe swimmers and I understand participants learn at different rates. I accept that Aqua-tots make no claim or guarantee that the participant will be swimming after a particular series of lessons.

I also give permission for photographs and videos of the Participants to be used in print, broadcast media, or in their likeness deemed appropriate for the promotion of any Aqua-Tots activities.

I HAVE COMPLETED THE REGISTRATION AND MEDICAL INFORMATION FORM AND HAVE NOTED ANY MEDICAL /HEALTH PROBLEMS OF WHICH THE STAFF SHOULD BE AWARE. I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signed: _____ Date: _____
(Participant or Parent/Guardian)