Release of Liability, Assumption of Risk & Medical Authorization

DIGITAL OR PRINTABLE PARTICIPANT AGREEMENT

Complete one waiver for each participating child. Required fields are marked with an asterisk.

1 Participant Information

Child / Participant Full Name *

Date of Birth *

Age *

2 Parent / Guardian Information

Parent / Guardian Full Name *

Phone Number *

Email Address *

3 Emergency Contact

Emergency Contact Full Name *

Relationship *

Phone Number *

Alternate Phone

4 Medical Information

Conditions, allergies, medications or special considerations

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WAIVER, ASSUMPTION OF RISK & AGREEMENT

1. Assumption of Risk

I understand that swimming lessons and aquatic activities involve inherent risks, including slips, falls, accidental submersion, injury, illness, disability or death. I knowingly and voluntarily assume all risks associated with participation, whether known or unknown.

2. Release of Liability

To the fullest extent permitted by law, I release and hold harmless Calm Waters Swim School, LLC, its owners, instructors, employees, contractors, volunteers, facility owners and agents from claims, demands, damages or causes of action arising from participation, except where prohibited by law.

3. Medical Authorization

If I cannot be reached during an emergency, I authorize Calm Waters Swim School, LLC and its representatives to obtain reasonable emergency medical care for the participant. I understand that I am responsible for any resulting medical costs.

4. Participant Health and Conduct

I confirm that I have disclosed relevant medical conditions, allergies, medications and special needs. I agree not to bring the participant to lessons while experiencing a contagious illness or another condition that may create a health or safety risk.

5. Instruction and Supervision

I understand that instructors may use reasonable physical contact to support, position, guide or rescue the participant during aquatic instruction. I agree to follow facility rules and instructor safety directions.

6 Acknowledgment and Signature

☐ I have read and understand this waiver, certify that the information provided is accurate, voluntarily accept its terms, and authorize my typed or handwritten signature below as my electronic signature.

Typed or Handwritten Legal Signature *

Printed Parent / Guardian Name *

Date Signed *