



## SWIM LESSON RELEASE OF LIABILITY

Swim lessons are non-refundable, and payment is due at time of registration to guarantee enrollment

**PARTICIPANT NAME**

**SWIM LEVEL/SESSION**

Participant Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

In case of emergency, please call: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

\*Medical/health issues: \_\_\_\_\_

### Release of Liability

Please read carefully before signing.

I, \_\_\_\_\_, on behalf of myself and the participant listed above, 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 participants have reviewed and understand the Carlton Pool Rules, and agree to abide by them. Failure to follow the rules may result in expulsion from the pool by pool staff.

The participants agree to indemnify and hold harmless the City of Carlton, its instructors, directors, employees, and agents against any liability resulting from any injury that may occur to a participant while participating at the pool. The participants also agree to indemnify the City of Carlton for any damages incurred arising from any claims, demand, action or cause of action by the participants.

The participants authorize any representative of the City of Carlton to have a participant treated in any medical emergency during their participation at the pool. Further, the participants and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

I have noted on this form any medical/health problems including known allergies of which the staff should be aware of. I have also noted any medicines carried by the child and who can administer them.\*

I have carefully read the above liability release and sign it with full knowledge of its contents and significance.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_