

Little Fish Swimming Waiver

All participants must have a signed waiver to be allowed to swim.

PARTICIPANT(S) INFORMATION

First Name/ MI/ Last Name:

First Name/ MI/ Last Name:

First Name/ MI/ Last Name:

A responsible adult must accompany children that cannot safely swim the width of our pool. Unless a parent or guardian is with their child in the water, all participants will be given a brief swim test to determine whether or not a lifejacket will be worn.

Little Fish Swimming has life jackets on site to borrow.

Please list any special needs, concerns or medical conditions:

PARENT(S)/GUARDIAN(S) NAME:

Address:

City, State Zip:

Home Phone Number: _____

Cell Phone Number: _____

E-mail:

Little Fish Swimming RELEASE (Please Read and Sign Release Below)

EMERGENCY MEDICAL RELEASE: Should a medical emergency arise during my child's participation in a Birthday Party or Open Swim at Little Fish Swimming, I understand that reasonable effort will be made to contact me. If I cannot be reached, or if it is believed that my child's life or health may be adversely affected by the delay that an attempt to contact me would cause, I consent to the administration of medical treatment and/or surgical procedures deemed necessary by the medical doctor and/or medical

facility, and I consent to the immediate administration of life sustaining measures deemed necessary under the circumstances.

PERMISSION TO PARTICIPATE/LEGAL RELEASE:

1. To the best of my knowledge there are no physical or other conditions which will interfere with my child's participation. Safety rules are enforced. While our first priority is your child's safety, we must inform you that swimming is not risk free. As a participant or as a parent or legal guardian of a participant in a Little Fish Swimming, I am fully aware that swimming can be strenuous, hazardous, and difficult.

I acknowledge and freely accept the risks and hazards, including collisions, falls and risk of drowning, associated with the participation in swimming. I agree to hold Little Fish Swimming and its officers and agents free and harmless for any injuries or damages arising by reason of participation.

2. I have read and agree to the policies listed here. I understand that photographs/videos taken may be used by Little Fish Swimming.

Parent/Guardian Name (please print)

Parent/Guardian Signature: _____

Date: _____