

# Agreement for Parental Supervision And Release of Liability

The undersigned is either personally taking or has children enrolled to take lessons from AQua Wave Swim School, Inc. I am aware that when lessons are being taught, it is extremely difficult or impossible for the instructors to supervise all children at all times. I hereby agree that I shall use extreme caution and supervision on behalf of myself and my children at all times including "playtime" while on the premises of AQua Wave Swim School, Inc.

In consideration of accepting me or my child's entry into a swimming program, a program that I accept as having inherent risks, i.e. a risk of slipping on wet decks and the potential of drowning, I hereby for myself and my child, waive and release all rights and claims for damages I or my child may incur against AQua Wave Swim School, Inc. and its representatives and/ or Successors for any and all injuries suffered by myself or my child at any activity sponsored by AQua Wave Swim School, Inc.

By signing this provision I agree that I have read the "Playtime Policy" and fully understand the contents of this document. I am aware that this is a release of liability and a contract between me and AQua Wave Swim School, Inc., its employees, owners, directors, and affiliated organizations. I am signing this document of my own free will.

By signing this provision I also agree that any photos taken by AQua Wave Swim School for me or my family may be used in advertising without charge or any further permission. \_\_\_\_\_ (Please Initial)

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Please Print Parent/ Guardian Name)

\_\_\_\_\_  
(email)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Relationship to Student)

## Medical Release

Student's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Does a student (s) have any known allergies or medical conditions? Please explain.

\_\_\_\_\_  
\_\_\_\_\_

Are any of these conditions considerations that we, AQua Wave Swim School, Inc., and or its employees need to be aware of in teaching your child to swim? Yes \_\_\_\_\_ No\_\_\_\_\_ Please explain.

\_\_\_\_\_  
\_\_\_\_\_

Is there any mental and/ or physical condition that your doctor would like to discuss with us before starting lessons? Please explain and include the name and phone number of your doctor.

\_\_\_\_\_

By signing this provision I agree that I will not knowingly bring any student to swimming lessons if he or she has an infectious or communicable disease.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent or Guardian)