



Waiver Form

Agreement and Release of Liability and Consents

Name of little swimmer:

Date of Birth:

Additional swimmer:

Date of Birth:

Additional swimmer:

Date of Birth:

I agree to assume all liability for my child(ren) and myself without regard to fault while at Little Swimmers. I am aware that swim lessons are an activity that involves risk. I am voluntarily allowing my child(ren) to participate in these swim lessons with knowledge of the danger involved, and hereby agree to accept, on behalf of myself and my child(ren), any and all risks of injury or death to the child.

I further agree to hold harmless Little Swimmers and any employee for any complications or injuries that may result to my child(ren) or myself while at Little Swimmers. I also understand that although my child(ren) will acquire proficient skill during our lessons, they need my adult supervision around or near water at all times while at Little Swimmers.

I, on behalf of myself and the child(ren), have carefully read this agreement and release of liability and fully understand its contents. I am aware that this is a release of liability, and sign it on behalf of the child(ren) and my own free will.

Emergency contact:

Relationship:

Cell Phone:

Please identify any special needs your little swimmer(s) might have:

Signature of Parent or Guardian:

Date:

Printed Name:

Contact number:

Contact email:
