



Waiver/Release of Liability
PLEASE READ CAREFULLY BEFORE SIGNING.

THIS IS A RELEASE OF LIABILITY & WAIVER OF CERTAIN LEGAL RIGHTS

I, _____, the parent/guardian of the participant(s) listed below 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 participant hereby agrees to participate in swimming activities at Los Paseos Association and hereby agrees to indemnify and hold harmless Los Paseos Association, the management, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating. The participant also agrees to indemnify the Los Paseos Association for any damages incurred arising from any claims, demand, action or cause of action by the participant.

The participant authorizes any representative of the Los Paseos Association to have the participant treated in any medical emergency during their participation at the Los Paseos Association swim lesson program. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event of a medical emergency, the undersigned Parent/Guardian of the participants listed below, hereby grants authorization to the Los Paseos Association and its representatives, to employ any legally licensed physician or health care facility on behalf of each of the undersigned, and to direct and/or order emergency medical treatment for the participants named below. Each of the undersigned also agrees that neither the Los Paseos Association nor any of its representatives, shall be liable under any circumstances to anyone for exercising the foregoing authority in the event of an emergency.

I HAVE CAREFULLY READ THE ABOVE INFORMATION AND SIGNED IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Participant name (please print) _____

Please list any medical history (allergies, learning disabilities, etc.) that we should be aware of in working with this child:

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Participant name (please print) _____

Please list any medical history (allergies, learning disabilities, etc.) that we should be aware of in working with this child:

Parent/Guardian Signature _____ Date ____/____/____

Parent/Guardian (please print) _____

In Case of Emergency Contact: _____ Phone: _____