

Smilefish Swim School

www.smilefishswimschool.com

720-530-SWIM (7946)

WAIVER/RELEASE OF LIABILITY

Please read this document carefully before signing.

This is a release of liability & a waiver of certain legal rights.

I, _____, the parent/guardian of the participants agrees & understands that swimming is a hazardous activity that includes inherent risks including but not limited to paralyzing injury and death.

I hereby agree to allow the participants listed below to participate in swimming activities at Smilefish Swim School and hereby agree to indemnify and hold harmless Smilefish Swim School, Comfort Suites-Castle Rock, the Days Inn-Castle Rock, the management, directors, agents and employees against any liability resulting from injury or death that may occur to any participant while participating. I also agree to indemnify Smilefish Swim School & the Comfort Suites-Castle Rock, the Days Inn-Castle Rock for any damages incurred arising from any claims, demands, actions or cause of action.

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event of a medical emergency, the undersigned parent/guardian of the participants listed below, hereby grants authority to Smilefish Swim School and/or the Comfort Suites-Castle Rock, the Days Inn-Castle Rock 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 Smilefish Swim School, Comfort Suites-Castle Rock, the Days Inn-Castle Rock nor any representatives, shall be liable under any circumstances to anyone for exercising the foregoing authority in the event of an emergency. The parent/guardian listed below will be responsible for any and all costs associated to such medical care for participants and transportation of participants.

PROMOTIONAL PHOTOS & VIDEO

It is understood that photos & videos may be taken of the participants listed below by Smilefish Swim School for promotional and/or marketing purposes. These photos and/or videos are and will remain the property of Smilefish Swim School.

I have carefully read this form and signed below with complete knowledge of the content and significance.

1st child's name (please print) _____ Birth date ____/____/____

Allergies/medications/medical conditions _____

2nd child's name (please print) _____ Birth date ____/____/____

Allergies/medications/medical conditions _____

3rd child's name (please print) _____ Birth date ____/____/____

Allergies/medications/medical conditions _____

Parent/Guardian Signature _____ Date ____/____/____

Parent/Guardian (please print) _____