**Swimming Instructor Waiver and Release of Liability**

In consideration of being allowed to participate in any way in swimming instruction, related events and activities offered by: ‘Star Swimmers by Sandy’; their swimming instructors the undersigned acknowledges, appreciates, and agrees that:

1.There is a risk of injury from the activities involved in the program. While particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,

2. I ACKNOWLEDGE AND FREELY ASSUME ALL SUCH RISK, both known and unknown, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions  for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official  immediately; and,

4. I hold myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Star Swimmers, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners or lessors of premises used to conduct the event (“Releases”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT FULLY, UNDERSTAND ITS TERMS AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

FOR PARTICIPANTS OF MINORITY AGE

(under age 18 at time of registration)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, do consent and agree to his/her release as provided above, all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releases from any and all liabilities incident to my minor child’s involvement or participation in these programs as provided above.

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PARTICIPANT’S SIGNATURE EMERGENCY PHONE NUMBER

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WITNESS CHILD(REN)’S NAME(S) please print

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_