

LITTLE FISH SWIMMING
Agreement to Participate
With Assumption of Risk, Waiver and Release of Liability

Parent/Guardian---First Name: _____ Last Name: _____

Names of Participating Child(ren):

(1) _____ DOB _____ Gender: M F

(2) _____ DOB _____ Gender: M F

(3) _____ DOB _____ Gender: M F

Address: _____

City/State _____ Zip Code _____

Phone (H): _____ (W) _____ Cell _____

Email: _____ How did you hear about us? _____

Assumption of Risk and Waiver of Liability: Swimming, like all athletic activities, involves elements of risk to participants, and can be a challenge for some persons. In consideration of my being allowed to participate in the Little Fish Swimming swim lessons program at 6301 Campus Drive, Fredericksburg, VA and/or any similar host site, the participants and their parent(s)/guardian(s), for themselves and their families, heirs, administrators, estates and executors, voluntarily agree to assume all inherent risks incidental to swimming lessons, and agree that Little Fish Swimming, its members/owners, employees, agents, sponsors, volunteers, instructors, the owners of the host site(s), and their successors and/or assigns ("LFS"), are not liable for, and I/we hereby release LFS from, any and all claims for costs, damages, death and/or injury to the fullest extent allowed by law resulting from those swimming lesson programs/activities, even if arising from ordinary negligence of LFS.

Participants and/or spectators agree to observe all rules of Little Fish Swimming and of the host site(s) where/when the swim lessons are held.

Permission is given to the Little Fish Swimming to utilize your video or photo image or likeness for Little Fish Swimming promotional purposes when obtained incidental to any event.

Medical Certification & Release: I certify that the Participant is in good physical health, and has no medical condition(s) that would prevent full participation in the outlined activities and programs. In the event of any medical emergencies, I authorize Little Fish Swimming to take whatever actions it deems necessary (including transport to medical service providers), and I agree to assume fully responsibility for all costs associated therewith.

I have read, fully understand (including that I am giving up legal rights/remedies which may be available to me), and voluntarily agree to each of the above items.

Signature of Parent or Guardian:

Date

SIGN HERE