Updated: 12/12/2015

# Swim Waiver

12500 Chowen Ave S, Ste 110 • Burnsville, MN 55337
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www.AtlantisSwimAcademy.com

Student 1: _____ _____ Date of Birth: ____/____/____ M ☐ F ☐
*First* *Last*

Student 2: _____ _____ Date of Birth: ____/____/____ M ☐ F ☐
*First* *Last*

Student 3: _____ _____ Date of Birth: ____/____/____ M ☐ F ☐
*First* *Last*

Student 4: _____ _____ Date of Birth: ____/____/____ M ☐ F ☐
*First* *Last*

**Health Issues:** Please list below all physical/mental handicaps, allergies, recent injuries, and/or medical conditions (e.g. asthma)

_____

Mother's Name: _____ _____ Phone: ( ) _____ -_____
*First* *Last*

Father's Name: _____ _____ Phone: ( ) _____ -_____
*First* *Last*

Address: _____ _____ _____ _____
*Street* *City* *State* *Zip Code*

Preferred Email Address: _____

How did you hear about us? ☐ Internet Search ☐ EGA ☐ Drive by ☐ Ad/Mailing ☐ Birthday Party ☐ Event/Parade

☐ Friend: _____ _____
*First* *Last*

Emergency Contact (*non-parent*) : _____ Phone: ( ) _____ -_____

### Informed Consent & Waiver/Release of Liability

I, the undersigned, as the parent/legal guardian of the child(ren) listed on this form agree and understand that swimming is a hazardous activity, and I recognize there are risks inherent in the sport of swimming, including, but not limited to, paralyzing injuries and death.

In registering my minor child(ren) to particpate in Atlantis Swim Academy, LLC swim lessons, programs, and/or events, I am agreeing to idemnify and hold harmless Atlantis Swim Academy its instructors, officers, directors, agents, and employees against any liability resulting from any injury that may occur to my child(ren) while participating in Atlantis Swim Academy, LLC swim lessons, programs, or events. I also agree to idemnify Atlantis Swim Academy, LLC for any damages incurred arising from any claims, demand, action, or cause of action by my child(ren). Atlantis Swim Academy, LLC assumes no responsibility for any personal property placed in or about the facility.

As the parent/guardian, I authorize any respresentative of Atlantis Swim Academy, LLC to have my child(ren) treated in any medical emergency during their participation in Atlantis Swim Academy, LLC swim lessons, programs, or events. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and emergency transportation for the participant.

### Pool Hygiene

I understand and accept that all children under the age of 3 and those not toilet-trained must wear a fitted, REUSABLE swim diaper (available for purchase at ASA) over a disposable swim diaper while in the pool. Plastic training pans/regular diapers are NOT allowed.

### Photos and/or Video

I also understand that photos and/or video are occasionally taken at Atlantis Swim Academy, LLC, and any photo and/or video taken of my child(ren) may be used for Atlantis Swim Academy, LLC publicity and promotional purposes. I hereby grant permission to Atlantis Swim Academy, LLC to use, edit, and reuse my child(ren)'s photograph or likeness in any publicity or promotional media materials including use in print, on the Internet, and all other forms of media. I also hereby release Atlantis Swim Academy, LLC and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Parent/Guardian Signature: _____ Date: _____