

LEARN TO SWIM

Hummingbird Holistic Health

Participant Name _____ Date of Birth _____

Address _____

Email _____ Phone _____

Agreement of Release and Waiver of Liability

I _____ (print name) understand that swimming includes physical movements as well as an opportunity for relaxation, stress reduction and relief of muscular tension. I understand I will receive information and instruction, including verbal and physical adjustments during the Learn To Swim program. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. It is my responsibility to consult with a physician prior to my participation in the Learn To Swim program.

I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Learn To Swim program. I agree to take full responsibility for any risks, loss, claim, injury, damage or liability, known or unknown, which I might incur as a result of participating in the Learn To Swim program. **I have read and agreed to the "Swimming Risks Form" made available to me.**

Swimming is not a substitute for medical attention, examination, diagnosis or treatment. I affirm that I alone am responsible to decide whether to participate in the Learn To Swim program. I knowingly, voluntarily, and expressly agree to accept full responsibility and assume the risk for my participation in any and all classes, activities, apparatus, appliance, facility privilege or service, of any nature, which is owned or operated by the Hummingbird Holistic Health, Learn To Swim program. While engaging in any class or activity operated, organized, arranged or sponsored by Hummingbird Holistic Health, either on or off their premises, I shall do so at my own risk, and hold Hummingbird Holistic Health, its employees, representatives and agents, forever harmless from any and all loss, claim, injury, damage, or liability sustained or incurred by me. I specifically agree to indemnify and hold harmless Hummingbird Holistic Health as to any loss, cost, claim, injury, damage or liability, sustained or incurred by participating in the swimming lessons, or through my use of the facilities or equipment of

Hummingbird Holistic Health which is caused by an act or omission, whether negligent, intentional or otherwise, of an employee, representative, or agent of Hummingbird Holistic Health.

I, my heirs, or legal representative forever release waive, discharge and covenant not to sue Hummingbird Holistic Health for any injury or death caused by my participation in the Learn To Swim program. My signature below constitutes my full acceptance of this waiver. I have read the release and waiver of liability and fully understand its consent. I voluntarily agree to the terms and conditions stated above.

Signature of Participant _____ **Date** _____

If Participant is Under 18:

As legal guardian of _____, I consent to the above listed terms and conditions.

Signature: _____ Date: _____

Emergency Contact Information

Name _____

Phone _____ Relationship _____

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