

# Waiver & Release



Student/Party Guest's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Event Attending at Arkansas Swim Academy: \_\_\_\_\_

Does your child have any concerning medical need, allergies or special abilities? If yes, please explain.

\_\_\_\_\_

If you have any special information that you would like the swim instructor to know, please write that info here:

\_\_\_\_\_

Would you like to receive information from Arkansas Swim Academy via email? Yes \_\_\_ No \_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Photos and videos are occasionally taken at Arkansas Swim Academy and used for publicity purposes on social media.

Please initial one:

\_\_\_ Yes, you may use my child's photo.      \_\_\_ No, you may not use my child's photo

.....

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_  
hereby give permission for my child(ren) to participate in the Arkansas Swim Academy swim program.

For, and in consideration of entrance on the Arkansas Swim Academy premises, I agree to indemnify, release, and forever discharge Arkansas Swim Academy and it's owners, officers, operators, agents, and employees from and against any and all liabilities and demands or claims for loss or damage resulting from any injury or damage which may be sustained on account of his/her/my participation in the program and/or event he/she is attending at Arkansas Swim Academy. This release and waiver applies to myself and any minor child I bring onto the premises. I understand that I am responsible for any damage to Arkansas Swim Academy facilities caused by myself or my children. I agree to abide by all policies and procedures of Arkansas Swim Academy.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_