

To save time when you arrive, please fill out & send this with your child, Thank you.

ANGELFISH SWIMMING

10203 116th Ave NE, Kirkland, WA 98033
MissConnie@AngelfishSwimming.com

Release of Liability Agreement

Swimmer's Name _____ Birth Date _____

I am aware that swimming includes certain risks and dangers, including the risk of serious injuries. I voluntarily accept responsibility for all risks involved, including risks inherent in swimming.

I agree to RELEASE, HOLD HARMLESS AND INDEMNIFY Constance Chapin and Angelfish Swimming, the individual members, agents, employees and representatives thereof, including activity supervisors, from and against any claim which I, any other parent or guardian, sibling, heirs, executors, or any other person, firm or corporation may have or claim to have, known or unknown, for any losses, damages or injuries resulting from any cause, including negligence, arising out of or in connection with the above listed swimmer's participation in Angelfish Swimming activities and/or the rendering of emergency medical procedures or treatment, if any. This includes all play structures on the Chapin property.

If I am signing on behalf of a minor, I recognize that I may not release any claims the minor may have. However, I accept full responsibility for all medical expenses incurred as a result of the minor's participation in Angelfish Swimming Lessons. I also agree to HOLD HARMLESS AND INDEMNIFY Constance Chapin and Angelfish Swimming for any claims brought by the minor.

In case of a medical emergency, I understand that every reasonable effort will be made to contact me or the emergency contacts listed below. If I cannot be reached by through reasonable efforts, I hereby give my permission to the physician selected by the staff to secure proper treatment or to hospitalize.

This Release Agreement does not apply to gross negligence or intentional acts.

I have read and understand the conditions above.

Date _____

Signature of Parent/Guardian

Print Name Parent/Guardian

Emergency Contact Information

Name: _____

Address _____

Emergency Phone #: _____

Alternate Emergency Phone #: _____

To save time when you arrive, please fill out & send this with your child, Thank you.

ANGELFISH SWIMMING

10203 116th Ave NE, Kirkland, WA 98033
MissConnie@AngelfishSwimming.com

Release of Liability Agreement

Swimmer's Name _____ Birth Date _____

I am aware that swimming includes certain risks and dangers, including the risk of serious injuries. I voluntarily accept responsibility for all risks involved, including risks inherent in swimming.

I agree to RELEASE, HOLD HARMLESS AND INDEMNIFY Constance Chapin and Angelfish Swimming, the individual members, agents, employees and representatives thereof, including activity supervisors, from and against any claim which I, any other parent or guardian, sibling, heirs, executors, or any other person, firm or corporation may have or claim to have, known or unknown, for any losses, damages or injuries resulting from any cause, including negligence, arising out of or in connection with the above listed swimmer's participation in Angelfish Swimming activities and/or the rendering of emergency medical procedures or treatment, if any. This includes all play structures on the Chapin property.

If I am signing on behalf of a minor, I recognize that I may not release any claims the minor may have. However, I accept full responsibility for all medical expenses incurred as a result of the minor's participation in Angelfish Swimming Lessons. I also agree to HOLD HARMLESS AND INDEMNIFY Constance Chapin and Angelfish Swimming for any claims brought by the minor.

In case of a medical emergency, I understand that every reasonable effort will be made to contact me or the emergency contacts listed below. If I cannot be reached by through reasonable efforts, I hereby give my permission to the physician selected by the staff to secure proper treatment or to hospitalize.

This Release Agreement does not apply to gross negligence or intentional acts.

I have read and understand the conditions above.

Date _____

Signature of Parent/Guardian

Print Name Parent/Guardian

Emergency Contact Information

Name: _____

Address _____

Emergency Phone #: _____

Alternate Emergency Phone #: _____