



Swim Lessons Waiver

July 2014

Name: _____ Age: _____ Birth date: _____ Sex: _____

Session: _____ Level: _____ Dates: _____ Time: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone (Day): _____ Night: _____ Cell: _____

Email: _____

Do you have medical insurance? Yes: _____ No: _____ If yes, please list: _____

In case of emergency, Call: _____ Phone: _____

WAIVER AND RELEASE OF ALL CLAIMS: I have read this form carefully, and am aware that by registering and participating in, or registering my minor child/ward for and allowing his or her participating in the Programs (hereinafter referred to as the "Program"). I am WAIVING and RELEASING all claims for myself and my minor child/ward arising out of such registration and participation. In consideration of the City of Glasgow, Ky. (the "City") accepting me and/or my minor child/ward as a participant in the Program, I hereby agree as follows:

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK OR INJURY AND LOSS: I have fully informed myself of all of the details of the Program and have received satisfactory answers to all of my questions I have concerning the Program and the risks inherent in the Program and believe and represent that I and/or my minor child/ward have the necessary abilities, skills, and knowledge to participate in the Program. I recognize and acknowledge that the Program involves risks of bodily injury, death and property loss. I hereby agree to, and do, assume the full risks of any injuries, including death, and of any property loss and of all expenses, costs, damages and losses that I, or my minor child/ward on whose behalf I am signing, may sustain as a result of participating in any activities connected with or associated with the Program.

WAIVER AND RELEASE OF CLAIMS: I hereby agree to, and do, waive release and relinquish all claims, demands, rights of action, damages, liabilities and controversies of every kind, known and unknown, present and future, that I, or my minor child/ward on whose behalf I am signing, may have against the City and its officers, agents, servants, employees, insurers, related or affiliated individuals or entities, successors and assigns arising out of, connected with, or in any way related to the Program of my minor child/ward's participating herein.

INDEMNITY AND DEFENSE: I hereby further agree to indemnify and hold harmless and defend the City and its officers, agents, servants, employees, insurers, related or affiliated individuals or entities, successors, and assigns from any and all claims, lawsuits, demands, damages, liabilities, losses and expenses, including attorney's fees and administrative expenses, of every kind, known and unknown, present and future, arising out of, connected with, or in any way related to my or my minor child/ward's participation in the Program.



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EMERGENCY CARE: In the event of an emergency, I authorize the City to secure, from any emergency care provider, licensed hospital, physician and/or other medical personnel, any treatment deemed reasonable and necessary for myself and/or my minor child/ward's immediate care and agree that I will be responsible for payments for any such treatment rendered.

I have read and fully understand the above WAIVER & RELEASE OF ALL CLAIMS and execute it of my own free will and without any reservation whatsoever. Further, by signing this agreement I/we are hereby giving the Glasgow Parks & Recreation Department permission to use photographs of participants for publicity purposes.

Signature of Parent/Guardian

Please make checks payable to the Glasgow Parks & Recreation

Fee: \$45

Date Paid: _____

Cash or Check _____

