

Swimming For Success LLC

Informed Consent and Waiver Form

Childs name:

Parents name:

Medical Conditions:

Email:

Emergency contact Information (Name and phone number):

Lesson Information:

1. Lessons will be taught during the day and time agreed upon in the initial consultation. If day or time needs to be changed, both instructor and parent must inform Swimming For Success of the changes made to the package.
2. Payment is due at the beginning of the package in full, unless otherwise specified.
3. There are no refunds, returns or exchanges of the swim lesson package originally selected and paid for.
4. Swim lessons package do not expire and can only be used by members within the same family.
5. Instructor changes must be approved by management. We do not guaranteed the same day and time slot originally selected.
6. Cancellations due to weather; if bad weather occurs during your lesson, you have the choice to forfeit the lesson or have the instructor provide additional training time at the next scheduled lesson. Any other cancellation, not related to weather will require a 12 hour notice to your instructor. If 12 hours is not given (last minute cancellation) you will be charged a \$10 fee.
7. All employees of Swimming For Success are trained Water Safety Instructors (WSI) and are certified in CPR, First Aid and AED.

#### Consent for Emergency Medical Treatment

In the event of a medical emergency, the undersigned parent(s)/guardian(s) of the above named participant(s), hereby grants authorization to Swimming For Success, and its representatives, to employ any legally certified medical treatment such as CPR or first aid. Each of the undersigned further agrees that neither Swimming For Success nor any of its representatives, shall be liable under any circumstances due to drowning, dry drowning or any other incident that occurs due to the swimming lesson.

#### Informed Consent and Waiver/ Release

I, the undersigned as the parent or legal guardian of the child(ren) listed on this application understand there are risks involved with the participation of swimming lessons and agree to allow my child(ren) to participate in these lessons with Swimming For Success.

Parent/ Guardian Signature:

Date:

Instructor Signature:

Date:

Christina Haber (Owner) Signature:

Date: