



## Waiver & Release

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

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

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

\_\_\_\_\_

Do you have any special information that you would like the swim instructor to know?

\_\_\_\_\_

Would you like to receive information from Coastal Swim Academy via email?  Yes  No

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

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

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

Photos and videos are occasionally taken at Coastal Swim Academy and used for publicity purposes on social media. Please select one of the options below:

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 Coastal Swim Academy Swim program.

For, and in consideration of entrance on the Coastal Swim Academy Premises, I agree to indemnify, release, and forever discharge Coastal 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 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 Coastal 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 Coastal Swim Academy facilities caused by myself or my children. I agree to abide by all policies and procedures of Coastal Swim Academy.

*Please Note: Coastal Swim Academy is a nut free facility.*

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

Parent/Guardian Signature: \_\_\_\_\_ 10/15/20