CAMP WAIVER/RELEASE FORM 2021

RP#

TELL US ABOUT YOURSELF						
Participant's Name:				Date of birth:		
Parent's Name:			Email:			
Street Address:						
City	State	Zip Code	Home Telephone:	Cell Phone:		
Emergency Contact:			Home Telephone:	Cell Phone:		

Medical History:

Is there any medical history or learning disability that we should be aware of that would help us in teaching your child?

☐ YES ☐ NO If yes, please explain. You may also request a Special Abilities form from the check-in staff.

Consent for Emergency Medical Treatment

In the event of a medical emergency, I, the undersigned Parent/Guardian of the above named participant, authorize SwimAmerica and its representatives to direct and/or order emergency medical treatment, and to employ any legally licensed physician or health care facility for the above named participant. I also agree that neither SwimAmerica, nor its representatives, is liable under any circumstances to anyone for exercising the foregoing authority in the event of an emergency.

Camp Cancellation and Change Policy

- 1. All cancellations must be received in writing. If you cancel:
- within 48 hours of the initial booking, you will receive a full refund.
- before June 1st, payment will be returned less a \$50.00 non-refundable deposit.
- after June 1st, but before 5:00 pm on the Friday before the camp begins, you will receive a 75% credit or a 50% refund, minus the \$50 non-refundable deposit.
- after 5 pm on the Friday before the camp begins, there is no refund or credit.
- 2. Once the camp session has started, there are no refunds, credits or make-ups for missed days for any reason, including illness.
- 3. You may change sessions (space available) until 5:00 pm on the Friday before the original camp start date. A \$10 administrative fee will apply.

Photos

I also understand that photos are occasionally taken at SwimAmerica and that any photo taken of my child may be used for SwimAmerica purposes, including, but not limited to social media, website, print brochures or newspaper advertising for SwimAmerica.

Solicitation of Outside Employment

SwimAmerica does not endorse, recommend or facilitate any type of outside work between our families and our staff. Outside work includes, but is not limited to, babysitting, house sitting, pet sitting and lifeguarding private parties. We are confident that our staff is hired, trained and supervised to safely provide excellent services at SwimAmerica. We have no control over what happens outside our facility. Any outside work is at the staff member and family's own discretion and risk, and may not be discussed or arranged during the staff member's work time at SwimAmerica.

Release of Liability

In consideration of participation in any program, related event or activity at SwimAmerica, my signature below certifies that:

- 1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
- 2.I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my minor child's participation, as well as my own; and,
- 3.I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself or minor child from participation and bring such to the attention of SwimAmerica Davis immediately; and,
- 4.I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, IN-DEMNIFY, AND HOLD HARMLESS SWIMAMERICA-DAVIS, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owner and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, ILLNESS from any and all infectious disease, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

Parent/Guardian Print Name _	 ·
Signature	
Date	