



BRITISH SWIM SCHOOL

2084 N University Dr., Sunrise, FL 33322
(954) 747-7251, Fax (954) 358-2153, Email Britishswim@aol.com



Please complete this form and return to your receptionist

Informed Consent & Waiver Form

LOC _____

Child's Name: Last _____ First _____ D.o.B _____ Age _____

Addtl. Child: Last _____ First _____ D.o.B _____ Age _____

Home Address: Street _____ City _____ Zip _____

Please let us know your email address so that we may inform you of regular updates within the British Swim School and also pass along important information to you.

_____ @ _____

Person to contact first in case of an emergency

Name _____ Phone _____ Phone _____

Medical History

List, if any, medical history (allergies, learning disability, etc.) that we should be aware of or that would help us in working with your child;

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 the British Swim School and it's representatives to employ any legally licensed physician or health care facility on behalf of each of the undersigned, and to direct and/or order emergency medical treatment for the above named participants(s). Each of the undersigned further agrees that neither British Swim School nor any of it's representatives shall be liable under any circumstances to anyone for exercising the foregoing authority in the event of an emergency.

INFORMED CONSENT AND WAIVER/RELEASE

I, the undersigned, as the parent or legal guardian of the child(ren) listed on this application in consideration of the request and permission of my son(s)/daughter(s) to participate in the British Swim School programs, including, but not limited to Swim Lessons, Swim Parties, Parent's night out, hereby assume full responsibility for all risks or injury or loss which may result from my son's/daughter's participation in this activity and hereby agree to hold harmless, release and forever discharge British Swim School, it's officers, agents and employees from and waive any and all claims and demands whatsoever which the undersigned and any of them or any third person of any accident, illness injury or death of any person and persons, or damage to or loss or destruction of any property arising or resulting directly or indirectly from my son's/daughter's participation in the aforementioned program and occurring during said participation or any time subsequent thereto, save and except that the above provisions shall not be applicable to injury to or death of persons, or damage to or loss of property arising out of the sole negligent acts or omissions of British Swim School, their officers, agents or employees. The terms of this release shall serve as a release and assumption of risk for my son(s)/daughter(s), heirs, executors and administrators and for all my family members.

I understand that there are risks inherent in activities conducted by the British Swim Schools including, but not limited to, paralyzing injuries, brain injuries, and death. With the full understating of the facts, I state, that to the best of my knowledge, my son(s)/daughter(s) listed on this application has not medical, physical, mental or emotional health conditions which would hinder or prevent his/her active participation in British Swim School programs.

PHOTOS

I also understand that photos are occasionally taken at the British Swim School and that any photo taken of my child(ren) may be used for British Swim School publicity purposes.

I have read and understood, and I agree with the informed consent and release and the emergency medical authorization outlined above as it relates to my son(s)/daughter(s).

Parent or Guardian signature _____ Date _____