



BRITISH SWIM SCHOOL

Informed Consent and Waiver

Location: _____

Parent's Name: Last _____ First _____

1st. Child Name: Last _____ First _____ D.O.B _____ Age _____

2nd. Child Name: Last _____ First _____ D.O.B _____ Age _____

Home Address: Street _____ City _____ Zip _____

Primary Tel# _____ Email _____

Person to contact first in case of an emergency

Name _____ Cell Phone _____ Alt 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 its 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 its 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 British Swim School programs, including, but not limited to Swim Lessons and Parties, Parent's Night Out and Camps, hereby assume full responsibility for all risks or injury or loss which may result from my son's/daughter's participation in these activities and hereby agree to indemnify, hold harmless, release and forever discharge British Swim School, British Swim Centers Franchising, LLC and its franchisees, as well as their owners, officers, agents and employees, from and waive any and all claims, demands, losses, damages and liabilities whatsoever that I or my son(s)/daughter(s) sustain with respect to 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. 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. If any portion of this waiver and release is held to be invalid under law, the remaining portion shall continue in full force and effect.

I consent to my son(s)/daughter(s) participation in the British Swim School programs and understand that there are risks inherent in activities conducted by British Swim School including, but not limited to, paralyzing injuries, brain injuries, and death. With the full understanding of the facts, I state, that to the best of my knowledge, my son(s)/daughter(s) listed on this application has no medical, physical, mental or emotional health conditions or other impediment which would hinder or prevent his/her active participation in British Swim School programs.

Initial _____ **Diapers** -Please remember any child under 3 or those not potty trained must wear two diapers. One disposable swim diaper and one re-useable diaper on top (not disposable swimming diapers). Diapers may be purchased at all of our sites.

Initial _____ **Make-Up / Re-schedule Policy – British Swim School**
 A scheduled make-up class will be offered for pool closures due to pool machinery malfunction or upon issuance of a severe weather warning requiring the closure of schools and government agencies. There will be no fee for this re-scheduling. For your convenience and a nominal fee of just \$5 per class, we will re-schedule any class you miss. Missed classes will not be re-scheduled any sooner than 48 hours in advance.

Initial _____ **Swim Caps –For Health Reasons we require that all children wear a swim cap when in the pool.** These are **Color Coded for safety for each Swim Level.** British Swim School will provide all students with **their first cap, free of charge.** As your child moves up to the next level you will be required to purchase the next color cap.

Initial _____ **Images** - I also understand that photos & video are occasionally taken at British Swim School and any image taken of my child(ren) may be used for publicity purposes, including print, digital and all other forms of media advertising.

Please note, all policies are subject to change. Our web page will reflect our most recent policies. www.britishswimschool.com

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 _____