

Infant and Toddler Swim Classes

[www.watertownswimschool.com](http://www.watertownswimschool.com)

watertownswimschool@gmail.com

+918527211937

**Terms and Conditions**

1. Only 1 parent is allowed to enter class per child.
2. All payments are 100% non-refundable regardless of reason to request a refund. Though it is always best to make coming to class a priority and not needing to do a make-up class, we do try to be as accommodating as possible.
3. **NO MAKEUPS OR CANCELLATIONS ARE ALLOWED REGARDLESS OF REASON.**

FAMILY SWIM WAIVER

Parent or Guardian Name(s) and

Child's Name: Last First

Date of Birth Age Sex

Addtl. Child: Last First

Date of Birth Age Sex

Addtl. Child: Last \_First

Date of Birth Age Sex

Home Address:

Street

City State Pin

Preferred Email Address:

How did you hear about Water Town?

# Emergency Contacts:

Emergency Contact #1: Name Home Cell Relationship to student

Emergency Contact #2: Name Home Cell Relationship to student

# Medical History: List, if any, medical history (allergies, learning disability, etc.) that we should be aware of and would help us in working with your child:

I, hereby acknowledge that I have voluntarily chosen to participate in swimming classes organized by Water Town Swim School In consideration of being allowed to participate in these swimming classes, I agree to the following terms and conditions:

I agree to indemnify, defend, and hold harmless Water Town Swim School its agents, officers, directors, employees, and representatives (collectively referred to as "Indemnified Parties") from and against any and all claims, demands, damages, losses, liabilities, costs, and expenses (including reasonable attorney fees) arising out of or related to my participation in the swimming classes. This includes but is not limited to any injuries or damages sustained by me, as well as any claims brought by third parties, resulting from my actions or negligence while participating in the swimming classes.

I acknowledge that swimming involves certain risks and hazards, including but not limited to the risk of drowning, slips, falls, collisions, injuries from other participants or objects, and other unforeseen events. I voluntarily assume all risks associated with my participation in the swimming classes and waive any and all claims and causes of action against the Indemnified Parties for any injuries, damages, or losses sustained by me during the swimming classes.

I, hereby release, discharge, and waive any and all claims, demands, causes of action, or liabilities of any nature whatsoever against the Indemnified Parties, arising out of or related to my participation in the swimming classes, including but not limited to any claims for personal injury, property damage, or wrongful death.

I authorize the Indemnified Parties to seek and obtain medical treatment for me in the event of an emergency or injury during the swimming classes. I agree to be responsible for all costs associated with any medical treatment obtained on my behalf.

I have carefully read and fully understand the terms and conditions of this Indemnification and Waiver Form, and I voluntarily agree to be bound by them. I acknowledge that I have had the opportunity to seek legal advice before signing this Form, and I sign it knowingly and voluntarily without any duress or coercion.

I also understand that photos and/or video are occasionally taken at Water Town Swim School and that any photo and/or video taken of my child(ren) may be used for Water Town Swim School publicity purposes.

We want Water Town Swim School to be a place of fun and social connection. In light of this, we know more fun and enjoyment will be had by all when our patrons follow our guidelines and policies. Parents enrolling their child into Water Town Swim School classes acknowledge the inherent risks present in swim classes and being in and near to water

I agree to all of the above

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your relationship to the child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_