

## ANGELA'S SWIM LESSONS. LLC

## Water Aerobic Participant Waiver and Release of Liability

	ASE OF LIABILITY AND A CONTRACT AND I SIGN cipants Name:	
		I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS
	Accident Waiver and Release of Liability Form s mum extent permissible under applicable law.	shall be construed broadly to provide a release and waiver to the
	eby consent to receive medical treatment, whi or illness during this activity.	ch may be deemed advisable in the event of injury, accident,
poter terrai and a	ntial for death, serious injury, and property los in, facilities, temperature, weather, condition a actions of other people including, but not limit	of a person's physical and mental limits and carries with it the s. The risks include, but are not limited to, those caused by of participants, equipment, vehicular traffic, lack of hydration, ed to, participants, volunteers, monitors, and/or producers of the pants, but are also present for volunteers and staff.
the no	graph from any and all liabilities or claims mad negligence of release or otherwise. I acknowled	OMISE NOT TO SUE the entities or persons mentioned in this e as a result of participation in this activity, whether caused by lige that Angela's Swim Lessons, LLC and their directors, officers, sponsible for the errors, omissions, acts, or failures to act of any r behalf.
dama this a	the negligence or fault of the entities or perso age, property theft, or actions of any kind whic activity, THE FOLLOWING ENTITIES OR PERSON	m any and all liability, including but not limited to, liability arising ons released, for my death, disability, personal injury, property th may hereafter occur to me including my traveling to and from S: Angela's Swim Lessons, LLC and/or their directors, officers, and the activity holders, sponsors, and volunteers.
I here	reby agree as follows:	
	_	d organizers of the activity in which I may participate will use this that it will govern my actions and responsibilities at said activity.
	tify that I have not been advised to not particip th-related reasons or problems, which preclude	eate by a qualified medical professional. I certify that there are no emy participation in this activity.
of the	ding by way of example and not limitation, any	JME ALL OF THE RISKS OF PARTICIPATING IN THIS ACTIVITY, risks that may arise from negligence or carelessness on the part gerous or defective equipment or property owned, maintained, liability without fault.

Participant/Parent/Guardians Name (PRINT): \_\_\_\_\_\_

Participant/Parent/Guardians Signature:		
Date:	 -	
Email:	_	
Phone:	 _	

When registering online, you must check the box that you have read this liability and release form, and then add your electronic signature and date.