Lap Swim Waiver 2017-18

Participant Information

Participant Name: _____
First Last

Parent Name: _____

City: _____ State:_____ Zip:_____ AGE:_____

Telephone: _____ Mobile: _____

Emergency Contact Information

Name:_____ Phone Number:_____

Name:_____ Phone Number:_____

Name: _____ Phone Number:_____

WAIVER OF CLAIMS: I, as a parent, guardian or adult student hereby give permission for my child/myself to participate in Lap Swim and acknowledge the fact that my child/I am physically able to participate in this activity. I hereby authorize Flour Bluff Independent School District ("FBISD") and the directors of the Lap Swim Program to act for me according to their best judgment in any emergency requiring medical attention. I assume any and all risks associated with participating in the Lap Swim Program, including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and any other pool related incidents. I also understand the risk of my child/myself participating with other children of varied skill levels, abilities and age differences.
I acknowledge I will be responsible for any cost (through family medical insurance or otherwise) incurred due to sickness or injury to my child/myself.
I hereby agree to release, discharge and forever hold FBISD, its board members, employees, agents, officers, directors, heirs, assigns and legal representatives harmless from any and all claims, demands or suits, known or unknown, fixed or contingent, liquidated or unliquidated, arising from my child's/my own participation in the Lap Swim Program.

Participant Signature: _____Date: _____

Parent Signature: _____ Date: _____