



Catch the Wave Swim Club, Inc. - Birthday Insurance Waiver Form

Parent's Name: _____

_____ (Last) _____ (first)

Cell _____ Home _____

Email _____ @ _____

Address _____

City _____ State _____ Zip _____

1. Participant's name _____ dob _____

2. Participant's name _____ dob _____

3. Participant's name _____ dob _____

please list any medical/health problems concerns on the back of this form.

Emergency Contact _____

INSURANCE WAIVER

Waiver and Release I, (NAME-Print) _____ the enrolled participant and/or the parent or guardian of the participant understands and agrees that swimming is a hazardous activity. I recognize that there is risk inherent in the sport of swimming, including but not limited to paralyzing injuries and death. The participant hereby agrees to participate in the swim class, birthday party, open swim, at his/her own risk and hereby agrees to indemnify and hold harmless Catch the Wave Swim Club, Inc., its officers, employees, facilities, partners, birthday party, open swim, and swim lessons against any liability resulting from any injury that may occur to the participant while participating in the program. The participant(s) also agree to indemnify Catch the Wave Swim Club, Inc., and any of its officers, employees, facilities, partners, birthday parties, open swim, and swim lessons for any damages incurred arising from any claims, demands, action or cause of action by the participant. The participant authorizes and representative of Catch the Wave Swim Club, Inc., to have the participant treated in any medical emergency during their participation in the program. Further, the participant and / or parent/guardian agree to pay all the cost associated with medical care, treatment and transportation for the participant. I have noted on the back of this form any medical/health problems of which the staff should be aware. I have carefully read the above liability release and sign it with full knowledge of its contents and significance. **Signature** _____ **Date** _____

