



Swim lesson Consent and Waiver

I, _____, agree to allow myself/ son/ daughter to participate in the Vitality swim lesson program.

I have been informed and understand that certain risks may be involved in any swimming program. These risks may include musculoskeletal pain, soreness, spinal injuries and cardiopulmonary signs (elevated heart rate, labored breathing, excessive sweating or light-headedness). I understand that every effort will be made to minimize these risks. I understand these risks and declare myself or my child physically sound and/or have medical approval to participate in this program.

I will take personal responsibility for reporting any unusual signs/symptoms to the swim instructor. I will take personal responsibility to report to the swim instructor any new diagnosis, injuries, or surgical procedures occurring during this contract that could affect the swim lessons. A doctor's referral may be required for ongoing lessons following certain medical procedures.

Any information that is obtained regarding fitness level and progress will be treated as privileged and confidential and will not be released or revealed to any person other than my physician without my expressed or written consent.

In addition, I agree to the following:

- a. Assume all risk of injury and all risk of damage to or loss of property arising out of participation in this program;
- b. Release, discharge, and waive any and all responsibility of Cynthia Salazar from and against any liability of injury or accidents which may occur as a result of participation in this program;
- c. Assume responsibility of any medical bills that may incur as a result of participation in this program.

I have read this form and understand the consent to participate in this swim lesson program. I am aware that I may discontinue participation at any time. If I have any questions concerning the content, policies, or procedures regarding the swim lesson program, I will discuss these questions with the swim instructor.

Consenting signature:

Participant: _____ Date _____

Parent or guardian (if under 18): _____ Date _____