

# Swimming Safari Swim School

## Pool Party Participant Waiver



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Swimming Safari Swim School  
4775 Windsor Commons Court  
Jacksonville, FL 32224

### 1. Terms and Conditions

SWIMMING SAFARI SWIM SCHOOL advises parents or guardians to discuss our program with your physician prior to swimming. All students **3 years old and younger** are required to wear a **reusable swim diaper**. All non-swimmers must have an adult with them in the water at all times.

In the event of inclement weather (i.e. thunder or lightning) most outdoor pools will close and will not re-open until thirty minutes from the last sight of lightning or sound of thunder. Indoor pools are not subject to inclement weather. If your party is scheduled and there is inclement weather SWIMMING SAFARI SWIM SCHOOL will notify the parent organizing the party if your party has been cancelled.

### 2. Agreements

The parent or guardian must notify the SWIMMING SAFARI SWIM SCHOOL in writing of any pre-existing medical problem that might affect the swimmer.

As the parent or guardian of the student I am enrolling, I give my permission for his/her participation in the SWIMMING SAFARI SWIM SCHOOL program. I recognize that swimming is a HAZARDOUS activity and there are risks inherent with participating in the swimming, including but not limited to, paralyzing injuries and death.

I agree to:

- A. Grant permission for treatment of my child that is deemed necessary for a condition and/or medical emergency arising during participation in the swim program. The treatment can be administered by any authorized SWIMMING SAFARI SWIM SCHOOL representative, paramedic, or medical doctor.
- B. Exonerate, indemnify and hold harmless SWIMMING SAFARI SWIM SCHOOL and its staff, their governing bodies, the individual members thereof, and the SWIMMING SAFARI SWIM SCHOOL officers against any liability resulting from any injury that may occur to the participant while participating in the SWIMMING SAFARI SWIM SCHOOL program.
- C. Indemnify SWIMMING SAFARI SWIM SCHOOL for any damages incurred arising from any claims, demands, actions, or cause of action by the participant.
- D. Pay all cost associated with medical care and transportation for the participant.

I affirm that I am the parent or guardian of the students that I have registered and that these students are fit enough to swim, and that I have communicated any pre-existing medical problem(s) in writing that the SWIMMING SAFARI SWIM SCHOOL should be aware of. I also acknowledge that I was advised to discuss this program with my physician.

**Authorization** (Please *initial* the following statements.)

\_\_\_\_\_ YES    \_\_\_\_\_ NO    I give full permission to Swimming Safari Swim School to use my name and photographs/video and/or my child's name and photographs/video in connection with this program.

\_\_\_\_\_ I have read and agree to the **Terms & Conditions and the Agreements** stated in Swimming Safari Swim School's waiver form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name -Parent

\_\_\_\_\_  
Print Name – Student(s)