Learn To Swim/Private Swim Lesson Agreement /Release Form

Name: _____

Date: _____

Phone Number: _____

Participants Name:_____

By signing this agreement below, I am agreeing to the following terms of Learn to Swim/Private Swim Lessons at Wellstar Health Place. Please read and initial each line.

_____ I am an adult of at least (18) years of age

_____ I voluntarily wish to participate in the Learn to Swim/Private Swim Lessons Described above

_____ I am physically able to participate in the Learn to Swim/Private Swim Lessons Described above. If you have any medical conditions, please list below.

_____

_____

_____ No Medical Professional has advised me not to participate in Learn to Swim/Private Swim Lessons or any activity like Learn to Swim Program/Private Sim Lessons.

_____ I release, waive, and discharge Wellstar Health Systems d/b/a Wellstar Health Place, employees, affiliates and agents from any and all liability in any way related to my participation in the Learn to Swim/Private Swim Lessons.

_____ I will not sue or make a claim to the Wellstar Health System d/b/a Wellstar Health Place its employees, affiliates, and agents for anything (including Injury, accident, illness, or sickness) related to my participation in Learn to Swim/ Private Swim Lessons.

_____ In the event that I am Injured as a result from Learn to Swim/Private Swim Lessons, and if I need medical care, I consent to the provision of emergency care.

_____ **I have read and fully understand this form. I have no questions and have agreed to voluntarily sign It.**

_____

Parent/Guardian Name Date

_____

Parent/Guardian Signature Date