

# Wellstar Health Place

## Swim Lesson Agreement

Name \_\_\_\_\_

Date \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Participants Name \_\_\_\_\_

**By signing this agreement below, I am agreeing to the following terms of 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 swim lessons

\_\_\_\_\_ I am physically able to participate in swim lessons. If you have any medical conditions, please list below.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ No medical professional has advised me not to participate in swim 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 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 swim lessons.

\_\_\_\_\_ In the event that I am injured as a result from swim lessons, and if I need medical care, I consent to the provision of emergency care.

\_\_\_\_\_ All swim lessons/classes are non-refundable.

\_\_\_\_\_ 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