

Wellstar Health Place

Swim Lesson Agreement

Name _____ Date _____

DOB _____ Phone _____

Address _____

Email _____

1. Participants Name _____ Participants Age _____

2. Participants Name _____ Participants Age _____

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 Signature

Date