

Parent/Guardian Name _____ Date _____

Phone _____ Email _____

Address _____

1. Participants Name _____ Participants DOB _____

2. Participants Name _____ Participants DOB _____

By signing this agreement below, I agree 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 enroll in swim lessons for myself or my dependent under the age of 18.

_____ Participant is able bodied and physically capable to participate in swim lessons.

Please list any relevant medical conditions:

_____ 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.

_____ My consent is informed and voluntary. I hereby release and hold harmless Wellstar Health System, Inc. and its affiliated entities including, but not limited to, Wellstar Health Place, from any and all claims arising from or related to the services provided.

- All swim lessons/classes are non-refundable.
- I understand all lessons must be funded prior to being scheduled/ lessons must be available on your account to remain an active participant.
- I understand anyone under the age of 18 may not participate in swim lessons, without a parent/guardian over the age of 18 present.
- I understand anyone bringing children of the opposite sex over 3 years old, must use the unisex restrooms upstairs.
- I understand the pool may close due to inclement weather/lightening.
- I understand only swim participants may enter the water during their scheduled swim lesson time. Any additional children not participating in swimming lessons must be with a parent/guardian or checked in at Kidz Place during lesson time.
- I understand a guest waiver form must be completed for any guardian who may bring swim participant(s) to lessons.
- I understand if I do not cancel my lesson prior to 24 hours to swim lesson start time, I will be charged a \$25 cancellation fee to my card on file.
- I understand I must check in with a Wellstar Health Place team member at the front desk before each swim lesson.

By signing this form I give my consent to proceed with swim lesson services.

Parent/Guardian Signature _____

Date _____