

CITY OF MIRAMAR
REGIONAL PARK AQUATIC COMPLEX/MIRAMAR EAST AQUATIC COMPLEX
SWIM CLASS /SWIM PROGRAM WAIVER



FACILITY USED: REGIONAL PARK AQUATIC COMPLEX: _____ EAST AQUATIC COMPLEX: _____

Participant's Name: _____

Age: _____ D.O.B. _____ Male/Female: _____

Does the participant have any health problems? Yes: _____ No: _____

If yes, please list any Health Problems: _____

African American: _____ Pacific Islander/Asian: _____ Hispanic: _____ White: _____ Native American: _____ Other: _____

Parent(s) Legal Guardian (s) name: _____

Address: _____

Home #: _____ Work #: _____ Cell phone #: _____

NOTICE: WAIVER/RELEASE OF LIABILITY

I _____, understand that as parent/legal guardian or a caregiver designated in writing by the parent/legal guardian must attend the full session with the participant, and that an adult must enter the water with children ages 6 months to 36 months. No make-up or rain dates schedule.

I _____, the undersigned do hereby expressly acknowledge that the program's activities involves risks, and I ON behalf of myself and minor child ward named herein as the participant, do hereby voluntarily assume any and all risks such of injury to my person and property, or that of my child or ward, which may result directly or indirectly from my and/or my minor child /ward's participation in these activities, including such injuries caused by the negligence of City of Miramar, the above named municipality/agency and their respective officers, servants, agents, and employees. I understand that my personal insurance bears primary responsibility in case of an accident involving myself or my minor child/ward.

I _____, on behalf of my self and/or my minor child/ward, do hereby voluntarily release, waive, discharge and covenant not to sue City of Miramar and the above named municipality/agency and their respective officers, servants, agents, and employees, for any of and all claims, liability and causes of actions, whatsoever which I, my heirs, assigns, or successors may have against any of them by reason of my child ward's participation in the program's activities including such claims against City of Miramar and the above municipality/agency and their respective officers, servants, agents, and employees for damages whether caused in whole or in part by the negligence of City of Miramar and/or the above named municipality/agency.

I _____, understand that as it is warranted and deemed appropriate by the instructor of the courses; my child may be transferred to a class, removed from the class as it is needed due to abilities, behavior readiness. Refunds are not authorized, however the instructor may recommended to management of the facility a credit or partial credit when the facility or staff are the cause of missed classes.

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY - CLASS: _____ DATES: _____ TIMES: _____

EMPLOYEE NAME: _____ EMPLOYEE SIGNATURE: _____ DATE: _____