

Student Name: \_\_\_\_\_ (Please print)

Last

First

Program: Swimming Lessons Rental Swim club Other ☒ SPS Summer Camp

## **Sandwich Public School Aquatic Center Participant Information & Liability Release**

Name of Student: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please describe any current physical, mental or psychological conditions requiring medication, treatment or special restrictions or considerations during aquatics programs.

Please describe the student's previous swimming experience and ability level, if known.

### **Liability Release**

I, (print name) \_\_\_\_\_, the parents/guardian of \_\_\_\_\_, registered in the Sandwich Public School Aquatic Center swim program/ Sandwich Public Schools Summer Camps acknowledge swimming and diving can be hazardous activities. We further recognize there are risks inherent in these sports, including, but not limited to paralyzing injuries and death. We hereby, agree to participate in this program and therefore also agree to hold Sandwich Public School Aquatic Center instructors, Sandwich Public Schools directors, employees, and agents free and harmless from any liability for personal injuries or damages your participant, yourself and anyone else who attends with you/them may incur during lessons, clinics, practice, meets, socials and any other activities, including, but not limited to transportation. I further agree to indemnify the Sandwich Public School for any damages incurred arising from any claims, demand, action or cause of action by the participant, parents, guardians, guests and anyone else who attends with you/them.

In case of emergency, I authorize a Sandwich Public School representative to approve medical care, and give our permission to use the closest medical facility. I agree to pay all costs associated with medical care and transportation for the participant.

**I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT  
WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.**

Signature \_\_\_\_\_

Date \_\_\_\_\_



