



# CHILDREN OF THE SEA SWIM PROGRAM WAIVER / RELEASE OF LIABILITY

**PLEASE READ CAREFULLY BEFORE SIGNING!  
THIS IS A RELEASE OF LIABILITY AND WAIVER  
OF CERTAIN LEGAL RIGHTS**

I, \_\_\_\_\_, the parent/guardian of the participant and/or the participant agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including, but not limited to, paralyzing injuries and death.

The parent/guardian of the participant and/or the participant hereby agrees to participate in the Children of the Sea Swim Program and hereby agrees to indemnify and hold harmless Children of the Sea, its teachers, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in the Children of the Sea Swim Program. The parent/guardian of the participant and/or the participant also agrees to indemnify Children of the Sea for any damages incurred arising from any claims, demand, action or cause of action relating to the participant.

The parent/guardian of the participant and/or the participant authorizes any representative of Children of the Sea to have the participant treated in any medical emergency during their participation in Children of the Sea Swim Program. Further, the parent/guardian of the participant and/or the participant agrees 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.**

Student's Name (Last, First)	Father's Work Phone
Male/Female	
Birth Date	Mother's Work Phone
Age	
Father's Name (Last, First)	Cellular Phone
Mother's Name (Last, First)	Emergency Contact Name
Home Phone	Emergency Contact Phone
	YES      NO
Street Address	Medical Conditions (Please Explain)
City, State, Zip	Medications
E-mail address	Day Care or School
YES      NO	
May we send you info via e-mail?	

How did you hear about Children of the Sea?

- |   |                                       |   |  |
|---|---------------------------------------|---|--|
| <input type="checkbox"/> BRAVO FAMILY GUIDE | <input type="checkbox"/> WEBSITE      | <input type="checkbox"/> PORTLAND PARENT  | <input type="checkbox"/> FRIEND/RELATIVE _____ |
| <input type="checkbox"/> POSTCARD MAILER    | <input type="checkbox"/> YELLOW PAGES | <input type="checkbox"/> TV / MEDIA / OPB | <input type="checkbox"/> OTHER _____           |

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name