



Coppell Swim School
Medical Release and Waiver of Liability

Parent/Guardian Name(s):			
Child(ren) Name(s):			
Mailing Address:		City:	Zip:
Daytime #:	Evening #:		Alt #:
Emergency Contact Name:		Email:	
Relationship to Child(ren):	Phone #:		Alt #:
Physician:		Phone #:	
It is our goal at Coppell Swim School to help your child become a safer swimmer. Is there any additional information you would like to share with us to help achieve this goal?			
Please list any special health considerations:			
Special Comments, Concerns or Suggestions for the Future:			

Authorization - *Please read carefully before signing. This is a release of liability and waiver of certain legal rights.*

I, _____, the enrolled participant and/or the parent/guardian of 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 participant hereby agrees to participate in the swim lessons/swim activities and hereby agrees to indemnify and hold harmless Coppell Swim School, its facilities, instructors, officers, directors, agents, and employees against any liability resulting from any injury that may occur to the participant while participating in the swim lessons/swim activities. The participant also agrees to indemnify Coppell Swim School for any damages incurred arising from claims, demand, action or cause of action by the participant.

The participant authorizes any representative of Coppell Swim School to have the participant treated in any medical emergency during their participation in the swim lessons/swim activities. Further, the participant and/or parent/legal guardian agrees to pay all costs associated with medical care and transportation for the participant.

I acknowledge Coppell Swim School's goal is to help participants become safe swimmers and I understand participants learn at different rates. I accept that Coppell Swim School makes no claim or guarantee that the participant will be swimming after a particular series of lessons.

I also give permission for photographs and videos of the Participants to be used in print, broadcast media, or in their likeness deemed appropriate for the promotion of any Coppell Swim School activities.

I HAVE COMPLETED THE REGISTRATION AND MEDICAL INFORMATION FORM AND HAVE NOTED ANY MEDICAL /HEALTH PROBLEMS OF WHICH THE STAFF SHOULD BE AWARE. I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signed: _____ Date: _____

(Participant or Parent/Guardian)