

SWIM LESSON SUZI LLC

Participation Release • Waiver of Liability • Payment Policy • Media Preference

Suzi Teitelman | www.swimlessonsuzi.com | 904-476-2235 | swimlessonsuzi@gmail.com

FAMILY / GUARDIAN

Parent/Guardian	Type here	Phone	Type here
Email	Type here	Emergency Contact	Type here
Preferred Days/Times	Type here	Notes for Suzi	Type here

SWIMMER INFORMATION - MORE THAN ONE CHILD

#	Full Name	DOB/Age	Comfort Level / Goals	Medical, Allergy, Sensory, Fear, or Safety Notes
1	Type here	Type here	Type here	Type here
2	Type here	Type here	Type here	Type here
3	Type here	Type here	Type here	Type here
4	Type here	Type here	Type here	Type here

LESSON LOCATION - YOUR HOME OR MINE

<input type="checkbox"/> Suzi's location	Private heated saltwater pool in Jacksonville Beach.
<input type="checkbox"/> Client's home / private pool	Address: Type here
<input type="checkbox"/> Other approved pool	Location / access details: Type here

At-home lessons: If lessons are at my home/pool, I confirm the pool area is safe, legally accessible, and ready for instruction. I am responsible for property conditions, pets, gates, deck surfaces, bathroom access, parking, and household/pool-specific risks outside Suzi's direct instruction.

RELEASE AND SAFETY AGREEMENT

I voluntarily allow the swimmer(s) listed above to participate in swim lessons, aquatic instruction, water-safety training, and related activities provided by Swim Lesson Suzi LLC, Suzi Teitelman, and authorized assistants, substitutes, contractors, representatives, or agents.

I understand that swimming and being in or around water involve inherent risks, including slips, falls, panic, fatigue, water inhalation, injury, illness, disability, drowning, or death. I accept these risks and release, waive, discharge, and hold harmless Swim Lesson Suzi LLC, Suzi Teitelman, and related parties from claims, liabilities, damages, losses, or expenses connected to participation or presence in the lesson area, to the fullest extent permitted by law.

I certify that each swimmer is medically able to participate and agree to disclose medical conditions, allergies, injuries, medications, fears, sensory needs, behavioral concerns, trauma history, or any circumstance that may affect safety or instruction. I authorize emergency medical care if needed and accept responsibility for related costs.

For minors, I remain responsible before and after each lesson and will remain reasonably available during the lesson unless otherwise arranged. Payments are final and non-refundable. Unused lessons, packages, and credits do not expire and remain available as lesson credit for future use. No refunds, partial refunds, chargebacks, or reimbursements will be issued for unused lessons, missed lessons, scheduling changes, relocation, weather delays, or changed circumstances.

MEDIA PREFERENCE

<input type="checkbox"/> Yes, I grant permission	Swim Lesson Suzi LLC may use photos/video for website, social media, educational, or marketing purposes without compensation.
<input type="checkbox"/> No public media	Please do not use photos/video for public marketing or social media. Internal instructional or safety records may still be kept.

SIGNATURE

By signing, I confirm that I have read, understood, and voluntarily agree to this release, waiver, payment policy, and media preference for all swimmers listed above.

Parent/Guardian Signature	Type here	Date	Type here
Printed Name	Type here	Relationship	Type here

Return completed form by email to swimlessonsuzi@gmail.com or submit online at www.swimlessonsuzi.com before the first lesson.