

## Guardian Form (Youth Participant)

"B" a Swimmer Brecken Noel Baller

### WAIVER AND RELEASE OF LIABILITY

**DISCLAIMER: BRECKEN NOEL BALLER is NOT RESPONSIBLE** for any injury or loss of property to any person suffered while practicing, traveling, or participating in "**B**" a **Swimmer** swimming lessons for any reason whatsoever, including ordinary negligence. Furthermore, **LYNEIA L BALLER at 4426 PERRY WAY, SIOUX CITY IA is NOT RESPONSIBLE** for any injury or loss of property to any person suffered while practicing, traveling, or participating in "**B**" a **Swimmer** swimming lessons for any reason whatsoever, including ordinary negligence.

This **WAIVER** and **RELEASE OF LIABILITY** was executed this \_\_\_\_\_ day of \_\_\_\_\_ 2024, at Sioux City, Woodbury County, State of Iowa by \_\_\_\_\_, (**Guardian**) as Guardian of \_\_\_\_\_ (referred to in this document as Minor) in favor of **BRECKEN NOEL BALLER and all properties and property owners associated with the execution of swimming lessons provided by "B" A SWIMMER.**

In consideration for the Minor's participation in "B" a Swimmer swim lessons, **Releasor** hereby **RELEASES** and covenants not-to-sue **BRECKEN NOEL BALLER** for any and all present and future claims resulting from ordinary negligence on the part of **BRECKEN NOEL BALLER** for property damage, personal injury, or wrongful death arising as a result of engaging in, using facilities and equipment at **4426 PERRY WAY SIOUX CITY IOWA**, or receiving instruction for or activities thereto, wherever, whenever, or however the same may occur. **Releasor hereby voluntarily waives** any and all claims or actions resulting from ordinary negligence, both present and future, that may be made by **Releasor's family, estate, personal representative, heirs, or assigns.**

Further, **Releasor** realizes that participation in swimming lessons involves certain risks and danger and is a vigorous activity involving severe respiratory and cardiovascular stress. **Releasor** has hereby been made aware that participation in swimming lessons has the following non-exclusive list of certain risks which I accept: death; head, eye, neck, and spinal injury resulting in complete or partial paralysis; brain damage; heart attack; blisters; cuts; lacerations; abrasions; concussions; contusions; strains; sprains; dislocations; fractures; cold and heat injuries; water immersions; drowning; lightning strikes; injury to bones, joints, muscles, internal organs; and environmental conditions. In addition, I understand and accept the incidental risks of travel to and from the site of activity; participation at sites that may be remote from available medical assistance; and the possible reckless conduct of other participants.

In the event of a medical emergency, **BRECKEN NOEL BALLER** or her representatives have my permission to take whatever measures they deem reasonable to render assistance and that I and/or my family will be financially responsible for any expense involved.

I have read and understand that this **WAIVER** is intended to be as broad and inclusive as permitted by the laws of the State of Iowa and agree that if any part is held invalid, the remaining parts of this **WAIVER AND RELEASE** will continue in full force and effect as intended. I further agree that the venue for any legal proceeding shall be in the State of Iowa.

_____	_____	_____
<b>GUARDIAN</b> (Signed)	(Printed)	Date

_____	_____
Minor's Name	Minor's Date of Birth