Westfield Child Center Swimming Participant
RELEASE, WAIVER OF LIABILITY & HOLD HARMLESS AGREEMENT

Participant Information

Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Home Phone: _____ Cell Phone: _____

Birth Date: _____ Age: _____

Parent's Name: _____

Are there any medical conditions to which we should be alerted? If yes, please explain.

My name or name of child participant for whom I am parent of legal guardian _____. I recognize 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. I have reviewed the Rules and Regulations for Westfield Child Center Swimming Programs and agree to abide by said Rules and Regulations, as well as all Rules which are posted within the pool area. I have also discussed such Rules and Regulations with my children, and with all persons under my care, control and/or supervision who might use the pool. The risks assumed may be caused by me and/or my child's own actions, inactions, or those of other participating in the event, the conditions in which the event takes place, or the negligence of the "RELEASES" named below. I knowingly and willingly assume all risks. **Consequently, I (we) hereby for myself, heir, executors and administrators, do waive and release any and all rights and claims for damages against the owner, operator, coaches and other employees or representatives of Westfield Child Center from personal injury or accident of any sort of nature suffered by me (us), the undersigned, by reason of participation or membership in classes, lessons, or any programs or activities of Westfield Child Center. I hereby release, discharge, and covenant not to sue Westfield Child Center, its representative administrators, directors, agents, officers, volunteers, employees, other participants, and if applicable, owners and lessors of the premises on which the activity takes place (each considered "RELEASEES" herein).** I testify the child (or we) is qualified, in good health, and in proper physical condition to participate. And, as an adult participant, I acknowledge that by participating in pool and gym activities and/or moving around in the pool and gym, with its equipment and possible uneven surfaces, there is risk of injury. I acknowledge that I accept the risk, release Westfield Child Center and its agents or employees from liability for such injury and waive the option to sue. I release Westfield Child Center, staff, facility owner, or related parties from the responsibility or liability for insurance deductibles, medical expenses, and or damages incurred by my child, myself, or other family members while participating or using the facility and parking area. I understand that health insurance is a requirement. I certify that I have health, accident, and liability insurance to cover bodily injury or property damage I may cause or suffer while participating in the sport of gymnastics or any other related to Westfield Child Center or else I agree to indemnify and reimburse Westfield Child Center for such fees and costs as incurred. I authorize Westfield Child Center to seek medical treatment at the nearest medical facility in case of emergency. I authorize use of my own and my child's visual image in photos and video for the sole use of newsletters, posters and advertising for Westfield Child Center.

Participant's(s) Name: _____

Signed: _____ Date: _____

(This waiver and signature is valid for one year from the date of signing)

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____