

TOWN OF SHELDON
SUMMER SWIM PROGRAM 2024
WAIVER/RELEASE OF LIABILITY

Childs Name: _____

I, _____, the enrolled participant and/or the parent/guardian of the participant agree and understand that swimming is a dangerous 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 Town of Sheldon Instructional Swim Program and hereby agrees to indemnify and hold harmless the Town of Sheldon, its officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in the lessons.

The participant also agrees to indemnify the Town of Sheldon for any damages incurred arising from any claim, demands, action or cause of action by the participant.

The participant authorizes any representative of the Town of Sheldon Summer Instructional Swim Program staff to have the participant treated in any medical emergency during their participation in the lessons.

Further, the participant and/or parent/guardian agree to pay all costs associated with medical care and transportation of the participant.

I acknowledge that there is **NO CERTIFIED SWIM INSTRUCTOR** for the 2024 Summer Instructional Swim Program. Lifeguards will be provided and have been certified in CPR and First Aid and are trained to lead their classes with safety as a top priority.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Print name: _____

Signed: _____ Date: _____

(Parent/Guardian)