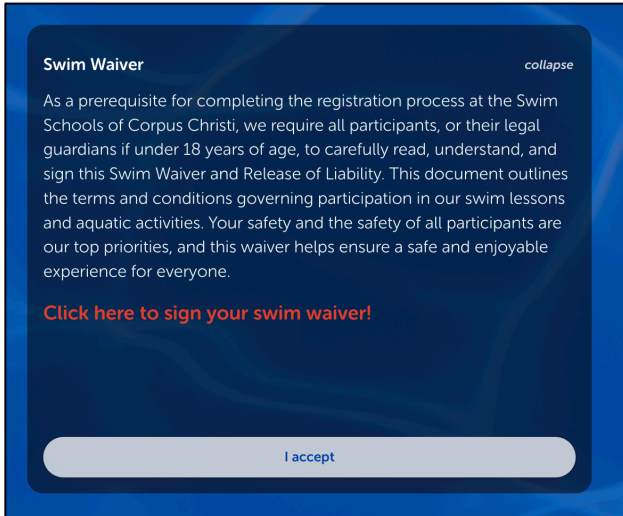
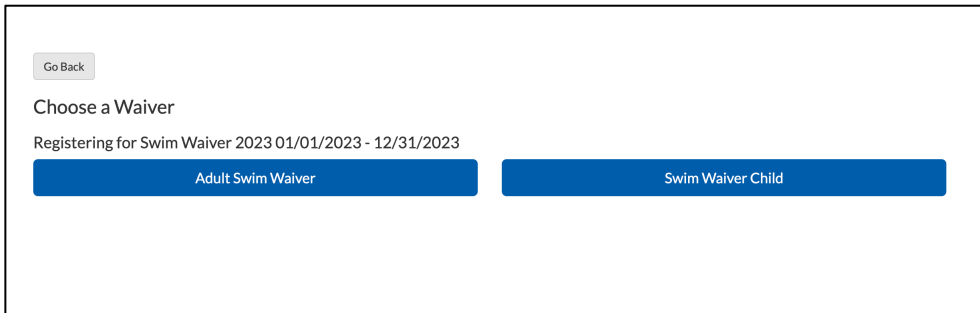


Waiver Steps

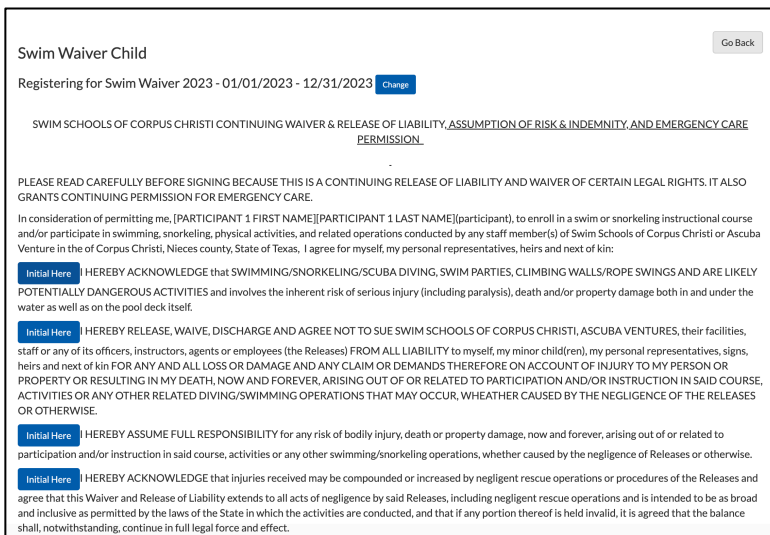
1. Select [Click here to sign your swim waiver text.](#)



2. Choose the appropriate waiver.



3. Click [Initial Here.](#)



4. Create Initials.



5. Initial all boxes appropriately.

PLEASE READ CAREFULLY BEFORE SIGNING BECAUSE THIS IS A CONTINUING RELEASE OF LIABILITY AND WAIVE GRANTS CONTINUING PERMISSION FOR EMERGENCY CARE.

In consideration of permitting me, [PARTICIPANT 1 FIRST NAME][PARTICIPANT 1 LAST NAME](participant), to enroll in and/or participate in swimming, snorkeling, physical activities, and related operations conducted by any staff member(s) of Swim Schools of Corpus Christi, Nieces county, State of Texas, I agree for myself, my personal representatives, heirs and

TS

I HEREBY ACKNOWLEDGE that SWIMMING/SNORKELING/SCUBA DIVING, SWIM PARTIES, CLIMBING WALLS/ROCK CLIMBING, and other POTENTIALLY DANGEROUS ACTIVITIES and involves the inherent risk of serious injury (including paralysis), death and property damage, as well as on the pool deck itself.

TS I HEREBY RELEASE, WAIVE, DISCHARGE AND AGREE NOT TO SUE SWIM SCHOOLS OF CORPUS CHRISTI, NIECES COUNTY, TEXAS, or any of its staff or any of its officers, instructors, agents or employees (the Releases) FROM ALL LIABILITY to myself, my minor child, my heirs and next of kin FOR ANY AND ALL LOSS OR DAMAGE AND ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF ANY PROPERTY OR RESULTING IN MY DEATH, NOW AND FOREVER, ARISING OUT OF OR RELATED TO PARTICIPATION IN ANY OF THE ACTIVITIES OR ANY OTHER RELATED DIVING/SWIMMING OPERATIONS THAT MAY OCCUR, WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE.

TS I HEREBY ASSUME FULL RESPONSIBILITY for any risk of bodily injury, death or property damage, now or in the future, arising out of or related to my participation and/or instruction in said course, activities or any other swimming/snorkeling operations, whether caused by negligence or otherwise.

Initial Here I HEREBY ACKNOWLEDGE that injuries received may be compounded or increased by negligent rescue or other actions. I agree that this Waiver and Release of Liability extends to all acts of negligence by said Releases, including negligent rescue or other actions.

6. Fill in your personal information at the bottom of the waiver.

Signee Information

First Name * Last Name *

Your Date of Birth * Phone * Email Address *

Address * Address Line 2

City * State * Zip *

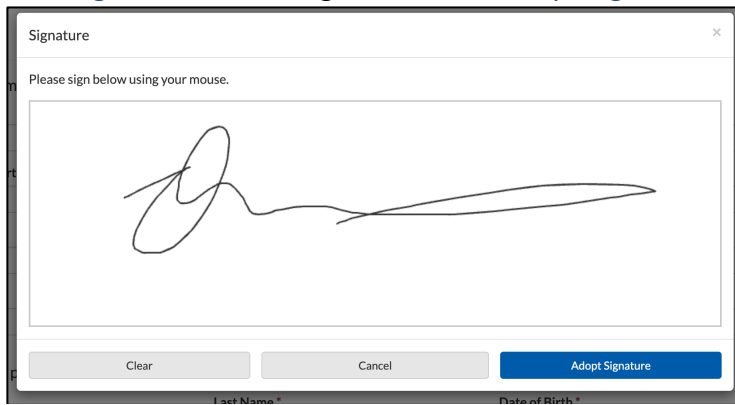
Please enter participants' full names:

First Name * Last Name * Date of Birth *

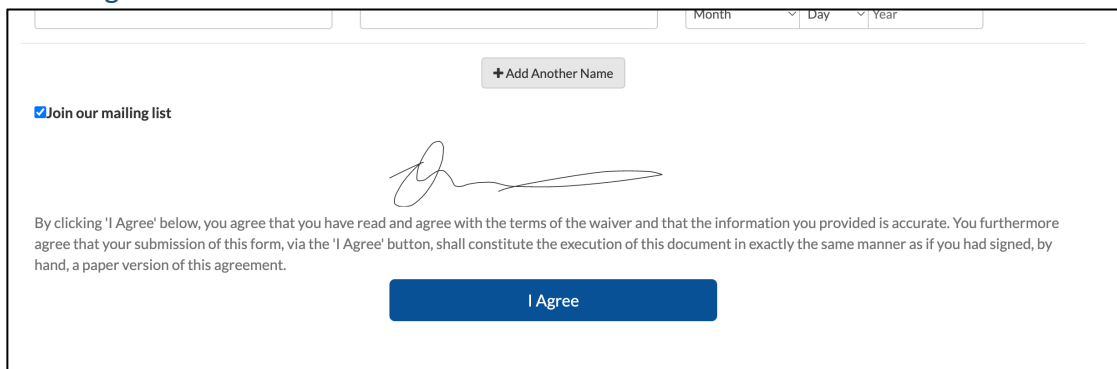
Join our mailing list

By clicking 'I Agree' below, you agree that you have read and agree with the terms of the waiver and that the information you provided is accurate. You furthermore agree that your submission of this form, via the 'I Agree' button, shall constitute the execution of this document in exactly the same manner as if you had signed, by hand, a paper version of this agreement.

7. Click [Sign Here](#), create signature, click [Adopt Signature](#).



8. Click [I Agree](#).



9. Close tab and return to finish policies on iClass Pro.