

PARENTAL RELEASE CONSENT FORM

AQUATICS ACADEMY

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Welcome to Aquatics Academy, S-Corp where we have taught more than 50,000 men, women and children to swim! While we make every effort to provide a fun and safe swimming environment, it is important that every participant of Aquatics Academy and his/her legal guardians(s) understand that **swimming, like many sports, is dangerous** by its very nature. **Swimming could lead to property damage, bodily injuries, permanent disability, drowning, and even death.** In consideration of my/our child and I/us understand the nature of swimming, including those risks explained to me/us above, and give consent for my/our children to participate in Aquatics Academy activities/lessons at the Jonas pool, VASA pools and Gyms and release them from any and all liability whatsoever.

- I/We release and forever discharge Aquatics Academy, pool owners, gym owners employees, and legal representatives from any and every claim, demand, action or right of action, of whatever kind of nature arising from or by reason of any bodily injury or personal injuries known or unknown, death or property damage that may occur as a result of the minor's use of the facility, or any activities in connection with the use of those facilities and waive any rights I/we may have to bring such actions:
- I/we may have to bring such actions:
- I/we represent that my /our child is in good health and does not suffer from any illness, condition or malady that would impair his/her ability to engage in swimming and other pool-related activities and I/we have had the opportunity to consult with his/her physician prior to signing.
- I/we release Aquatics Academy, its owners, pool owners, employees and legal representatives from any claim whatsoever on account of first aid, CPR, treatment, or service rendered or not rendered to me/us or my/our child during our or his/her use of the facilities.
- **I/we acknowledge that I/we have carefully read this release and know the contents of the same and sign this release as my/our own free act, and i/we have been given the opportunity to have an attorney review this release and explain it contents to me/us before I sign it.**

Child/Children's Name(s):

Parent/Guardian Signature:

Date:

Telephone:

Email Address:
