

**Fastner's Swim School**  
**Agreement to Participate**  
**With Assumption of Risk, Waiver and Release of Liability**

Parent/Guardian---First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Names of Participating Child(ren):

(1) \_\_\_\_\_ DOB \_\_\_\_\_ Gender: M F

(2) \_\_\_\_\_ DOB \_\_\_\_\_ Gender: M F

(3) \_\_\_\_\_ DOB \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

(H): \_\_\_\_\_ (W) \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

**Assumption of Risk and Waiver of Liability:** Swimming, like all athletic activities, involves elements of risk to participants, and can be a challenge for some persons. In consideration of my being allowed to participate in the Fastner's Swim School program at 15859 Limegrove Road, Poway, CA and/or any similar host site, the participants and their parent(s)/guardian(s), for themselves and their families, heirs, administrators, estates and executors, voluntarily agree to assume all inherent risks incidental to swimming lessons, and agree that Fastner's Swim School, its members/owners, employees, agents, sponsors, volunteers, instructors, the owners of the host site(s), and their successors and/or assigns ("FSS"), are not liable for, and I/we hereby release FSS from any and all claims for costs, damages, death and/or injury to the fullest extent allowed by law resulting from those swimming lesson programs/activities, even if arising from ordinary negligence of FSS.

Participants and/or spectators agree to observe all rules of Fastner's Swim School and of the host site(s) where/when the swim lessons are held.

**Medical Certification & Release:** I certify that the Participant is in good physical health, and has no medical condition(s) that would prevent full participation in the outlined activities and programs. In the event of any medical emergencies, I authorize Fastner's Swim School to take whatever actions it deems necessary (including transport to medical service providers), and I agree to assume full responsibility for all costs associated therewith.

I have read, fully understand (including that I am giving up legal rights/remedies which may be available to me), and voluntarily agree to each of the above items.

\_\_\_\_\_  
**Signature of Parent or Guardian: Date**