## Swim Lessons Raleigh LLC SwimLessonRaleigh.com Student 2016-17 Permission Form & Waiver Exclusion

I, the undersigned, in enrolling my child on the Swim Lessons Raleigh LLC dba SwimLessonsRaleigh.com, understand that he/she attending any lesson, practice or meet and using the facilities does so at their own risk. Swim Lessons Raleigh LLC dba SwimLessonsRaleigh.com, Laura Gould, Healthtrax Fitness and Wellness Center, Springdale Area Recreation Center, Raleigh Racquet Club, Heritage of Raleigh Wingate PNC State Arena, CHD Investments, Healthtrax Fitness and Wellness and it's directors, coaches and agents shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by my child in or about any programs on the premises. In addition., SwimLessonsRaleigh.com, Laura Gould, Healthtrax Fitness and Wellness Center, Springdale Area Recreation Center, Raleigh Racquet Club, Heritage of Raleigh Wingate PNC State Arena, CHD Investments, Healthtrax Fitness and Wellness, along with its owners, subsidiaries, and managers, and all other affiliated entities shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by myself or my child or about any programs on the premises.

I assume full responsibility for all injuries and damages which may occur in or about any premises and I do hereby fully and forever release, discharge and hold harmless SwimLessonsRaleigh.com, Laura Gould, Healthtrax Fitness and Wellness Center, Springdale Area Recreation Center, Raleigh Racquet Club, Heritage of Raleigh Wingate PNC State Arena, CHD Investments, Healthtrax Fitness and Wellness and all associated facilities, and its directors, owners, coaches, members and agents from any and all claims, demands, damages, rights of action, present or future resulting from or arising out of any person's participation in any programs or use of its facilities. I further agree to fully and forever release, discharge, and hold harmless Brookdale Senior Living Inc. along with its owners, subsidiaries, and managers, and all other affiliated entities from any and all claims, demands, damages, rights of action, present or future resulting from or arising out of any person's participation in any programs or use of its facilities.

Consent - I, the undersigned parent/guardian of the participant do hereby grant the staff of SwimLessonsRaleigh.com, Laura Gould, Healthtrax Fitness and Wellness Center, Springdale Area Recreation Center, Raleigh Racquet Club, Heritage of Raleigh Wingate PNC State Arena, CHD Investments, Healthtrax Fitness and Wellness the authority to render judgment concerning calling for medical assistance in the event of an accident or illness.

Child's Name & Birthdate	Child's Name & Birthdate		
Child's Name & Birthdate Child's Nam		e & Birthdate	
Signature of Parent or Guardian	Date	Email address	
Telephone numbers in case of emerge	ency		
Insurance Company Hospital Preference	Group Number	IDNumber	