

Waiver

Last name of student	First name	MI
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Street Address	City	State	Zip code
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Email address	Home Phone
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I understand and agree that use of the pool, at Embassy Suites, services, equipment that involves injuries to persons and property, and that by engaging in such use, I assume full responsibility for such risks. Therefore, on behalf of myself, my heirs, personal representatives or assigns, I do hereby release, waive, hold harmless, and covenant not to sue Ann's Aquatics, its successor(s) or related entities, directors, officers, employees, volunteers, independent contractors, and agents from any liability and all claims arising from the use of the Embassy Suites facilities, services, equipment, or premises. This waiver of all claims includes, but is not limited to, personal injury (including death) from accidents or illness, as well as any and all claims resulting from damage to, loss of, or theft or property. I also authorize Ann's Aquatics use of photographs and/or videotapes made of swimming lessons for advertising their aquatics program.

Print parent name	Signature	Relation to student	Date
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