

Waiver of Liability for Safety Training for Swim Coaches

North Star Aquatic Safety Instruction LLC.

Please print, sign, and bring to the skill session

In the Safety Training course the participant will learn about the duties and responsibilities of an aquatics professional and how to carry them out in a professional manner. I understand by taking this course, I will encounter risks. In consideration of a participant being allowed to participate in the registered course, the undersigned hereby releases North Star Aquatic Safety Instruction LLC, it's officers, employees, volunteers, agents, independent contractors and other participants in the program (hereafter known as "North Star"), from any action, claim, or demand of personal injury or death.

1) GENERAL RELEASE:

I release "North Star" from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of "North Star."

I further waive any and all claims or causes of action, which I may now or hereafter have against "North Star" which may at any time arise as a result of any act or thing occurring in or arising out of participation in the program.

I further expressly understand and agree the foregoing indemnity, release and waiver is intended to be as broad and inclusive as permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

2) ASSUMPTION OF RISK:

I understand, agree, and acknowledge that there are risks inherent in training activities conducted by "North Star," including but not limited to paralyzing injuries, brain injuries, and death. These activities may be of a hazardous nature and/or may include activities such as swimming, diving, a variety of strenuous exercise and physical activities. With the full understanding of the facts, I state that to the best of my knowledge, I/my son/daughter listed has no medical, physical, or emotional health conditions, which would hinder or prevent my/his/her participation in this training program.

3) MEDICAL RELEASE:

I hereby release "North Star" from any claim whatsoever which may arise as a result of any first aid, treatment, or services or assistance provided in connection with any injury that arises from activities with "North Star". I hereby give permission for emergency medical treatment to be administered as deemed appropriate, for emergency medical staff to be summoned, and for immediate transportation to medical facilities.

4) PHOTOGRAPHIC RELEASE:

I consent to be photographed and to allow "North Star's" use of any photos of myself and/or my minor child at its sole discretion.

Participant's Name (Please Print)

Signed (if over 18)

Date

Parent or Guardian (if participant is under 18)

Date

Emergency Contact

Phone #