



www.pamssos.com

**Pam's School of Swim (Pam's SOS)
Informed Consent & Waiver Form – 2017
\$30 per child per year registration fee due with class fee**

Student(s)/ Individual Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____ Birthday(s): _____

Email(s): _____

Please check whom to contact first

() Father's/ Emergency Name: _____ Wk Phone: _____ Cell Phone: _____

() Mother's Name: _____ Wk Phone: _____ Cell Phone: _____

() Other Procedures: _____

Medical History

Is there any medical history or learning disability that we should be aware of that would help us in teaching your child?

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event of a medical emergency, the undersigned Parent(s)/ Guardian(s) of the above named participant or myself, hereby grants authorization to Pam's School of Swim, and its representatives, to employ any legally licensed physician or health care facility on behalf of each undersigned, and to direct and/or order emergency medical treatment for the above named participant. Each of the undersigned further agrees that neither Pam's School of Swim, nor other representatives, shall be liable under any circumstances to anyone for exercising the foregoing authority in the event of an emergency.

INFORMED CONSENT AND WAIVER/ RELEASE

I, the undersigned, as the parent or legal guardian of the child or myself listed on this application in consideration of the request and permission of my son/ daughter/ myself to participate in Pam's School of Swim's programs, including, but not limited to Swim Lessons, Water Aerobics, Prenatal, and/ or Special Needs classes, hereby assume full responsibility for all risks of injury or loss which may result from my son's/ daughter's/ my self's participation in this activity and hereby agree to hold harmless, release and forever discharge Pam's SOS, it's officers, agents, pool/ home owner(s), and employees from and waive any and all claims and demands whatsoever which the undersigned and any of them or any third person of any accidents, illness, injury, or death of any person and persons, or damage to or loss or destruction of any property arising or resulting from swimming, a variety of strenuous exercises, vigorous physical activities and/or running directly or indirectly from my son's/daughter's/ my self's participation in the aforementioned program and occurring during said participation or any time subsequent thereto, save and except that the above provisions shall not be applicable to injury to or death of person's or damage to or loss of property arising out of the sole negligent acts or omissions of Pam's School of Swim, their officers, agents, pool/ home owner(s), or employees. The terms of this release shall serve as a release and assumption of risk for my son/ daughter/ myself, heirs, executors, and administrators and for all my family members.

I understand, agree, and acknowledge that there are risks inherent in the sports activities conducted by Pam's School of Swim, including water aerobics classes, 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, a variety of strenuous exercise, and vigorous physical activities. With the full understanding of the facts, I state, that to the best of my knowledge, my son/daughter/ myself listed on this application has no medical, physical, mental, or emotional health condition which would hinder or prevent his/ her active participation in Pam's SOS programs.

PHOTOS

I also understand that photos are occasionally taken at Pam's SOS and that any photo taken of my child or myself may be used for Pam's SOS publicity purposes.

I have read and understood, and I agree with the informed consent and release and the emergency medical authorization outlined above as it relates to my son/ daughter or myself.

Parent, guardian, or individual signature: _____ Date: _____