

**SWIFT SWIMMING BAHAMAS LTD.  
ASSUMPTION OF RISK AND MEDICAL CONSENT AND MEDIA RELEASE**

**NAME OF PARTICIPANT:** \_\_\_\_\_

As used herein: "SWIFT" shall mean: **Swift Swimming Bahamas Ltd.** and shall include its directors, coaches, and employees, "UNDERSIGNED" shall be the father and/or mother, or the guardian of the "PARTICIPANT", or the PARTICIPANT if eighteen years of age or older, "SITE" shall mean: **St. Andrew's International School or any named site where SWIFT has a contractual agreement to use its facilities,** its Principal, teachers, members of the Board of Directors and Governors and its employees and agents, and  
The UNDERSIGNED understands that there are certain risks associated with swimming and activities at a pool and that in the course of taking swimming lessons under the direction of SWIFT accidents may occur.

In consideration of the right to participate in swimming lessons and related activities, the UNDERSIGNED hereby assumes all the risks in any way associated with the swimming lessons and related activities at the SITE pool and hereby undertakes to hold and holds SWIFT and the SITE harmless from any and all liability, actions, causes of actions, debts, claims, and demands of every kind and nature whatsoever which may arise or arises from or in connection with the Swift Swimming Programmes, the use of the SITE pool and related activities, except where such risks arise due to the gross negligence and/or willful misconduct of SWIFT. As a PARTICIPANT, I will not swim alone at any of the named SITES. The terms hereof shall serve to release SWIFT and the SITE from any and all liability and place the entire assumption of risk on the UNDERSIGNED, his or her heirs, executors, administrators, and members of the UNDERSIGNED'S family.

Check:

- I certify that I/my child/ward is physically fit and has been informed by a physician that I/they can participate in the Swift Swimming Programme.
- I certify that I/my child/ward has the following medical condition: \_\_\_epilepsy;\_\_\_ asthma; \_\_\_(other, please name) \_\_\_\_\_ and has been informed by a physician that I/they can participate in the Swift Swimming Programme.

In the event of an emergency, every effort will be made by the personnel of SWIFT to notify parents/guardians immediately. Should emergency medical treatment be required for the PARTICIPANT while the PARTICIPANT is under the control and direction of SWIFT and, if consent is a requisite to any such treatment, the UNDERSIGNED hereby grants to SWIFT the right to give consent for such treatment for the PARTICIPANT on behalf of the UNDERSIGNED. Said consent may be granted or withheld by SWIFT at its sole discretion. The UNDERSIGNED hereby waives any claims which he or she may have against SWIFT arising from the granting or withholding of the aforesaid consent.

In the event that emergency medical treatment is provided to the PARTICIPANT, the UNDERSIGNED hereby guarantees payment of any and all costs and expenses incurred in connection with the same.

The UNDERSIGNED hereby grants to **SWIFT** the right to film, televise, photograph, identify and otherwise record the PARTICIPANT during the swimming lessons for the promotion of Swift Swimming Bahamas Ltd. and the Let's Swim Bahamas Foundation.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Witness**

**Date:** \_\_\_\_\_