



SwimAmerica OZ - Class Registration

Medical Release Waiver

I certify that I am the parent or legal guardian for my child(ren). I hereby give my permission for any supervisor, coach or other team administrator associated with the **SwimAmerica Ozaukee** program to seek and give appropriate medical attention for our child(ren) in the event of accident, injury, illness. I will be responsible for any and all costs associated with any necessary medical attention and/or treatment.

I hereby waive, release and forever discharge **SwimAmerica Ozaukee, LLC** from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during participation in **SwimAmerica Ozaukee** activities, whether or not damages or loss is due to negligence. I hereby acknowledge that my children is (are) physically fit and capable of participation in all Swim Team activities.

***I have read the above statement and indicate my agreement by checking the box.**

Liability Waiver

By registering my child(ren) with **SwimAmerica Ozaukee**, I agree to participate (or allow my child(ren) and family members to participate) in **SwimAmerica Ozaukee**, and hereby release **SwimAmerica Ozaukee**, their officers, directors, employees, and agents, its directors, officers, agents, coaches, and employees from liability for any injury that might occur to myself (or to my child(ren) and family members) while participating in the **SwimAmerica Ozaukee** program, including travel to and from training sessions, swim meets or other scheduled team activities.

I agree to indemnify and hold harmless the above mentioned organizations and/or individuals, their agents and/or employees, against any and all liability for personal injury, including injuries resulting in death to me, my child(ren) and/or other family members, or damage to my property, the property to my child(ren) and/or other family members, or both, while I (or my child(ren) or family members) participating in the **SwimAmerica Ozaukee** program.

***I have read the above statement and indicate my agreement by checking the box.**

Photo Release

I grant to SwimAmerica Ozaukee, the right to take photographs of my child(ren) in connection with SwimAmerica lesson program. I authorize SwimAmerica, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that SwimAmerica Oz may use such photographs of my child(ren) with or without my name and for any lawful purpose, including for example purposes as publicity, illustration, advertising and Web content.

***I have read the above statement and indicate my agreement by checking the box.**

INVOICE:

Class/Location to register	Schedule TIMES						Student Name(s)	Class Fee(s)
Session #	Mon	Tues	Wed	Thurs	Fri	Sat		1 st Child =
								2 nd Child =
								3 rd Child =
								TOTAL:

Parent's Signature: _____ Date: _____