**HIGHLANDS SWIM AND TENNIS CLUB**

**SWIM LESSON ACKNOWLEDGMENT AND WAIVER**

THIS SWIM LESSON ACKNOWLEDGMENT AND WAIVER (“Acknowledgment and Waiver”) is executed by the undersigned in his/her capacity as the parent and/or legal guardian of the participant specifically identified below (“Participant”) and is delivered by the undersigned to Highlands Swim and Tennis Club (“HS”).

1.    The undersigned hereby consents to the Participant’s participation in group and/or private swim lessons authorized and conducted by HS (“Swim Lessons”).  Knowing that HS will rely thereon, the undersigned represents that the Participant is physically able to participate in Swim Lessons and that the Participant does not suffer from any condition, sickness or disease which would impair the Participant’s ability to participate in Swim Lessons.

2.    The undersigned acknowledges that participation in Swim Lessons offered by HS involves an element of risk and danger of accidents and, knowing those risks, assumes those risks for and on behalf of himself/herself and Participant.

    3.    In consideration for Participant being permitted by HS to participate in Swim Lessons, the undersigned, for and on behalf of himself/herself and Participant, hereby waives, releases and discharges any and all claims for damages for personal injury, death or property damage which the undersigned or Participant may have as a result of, arising out of or connected with participation in Swim Lessons offered by HS.  This waiver and release is intended to discharge in advance HS and its representatives, employees, independent contractors, consultants and agents from any and all liability resulting from, arising out of, or connected with Participant’s participation in the Swim Lessons.

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Participant Information

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Undersigned:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_