

Last Name: _____

Olympia Sport & Leisure Club Swimming Camp Program Participation Waiver

Child's Name: _____ Age: _____ DOB: _____ Sex: M or F

Parent(s) or Guardian Name: _____

Contact Phone Number: _____ Secondary Phone Number: _____

Email address: _____

Street Address: _____ City _____ State _____ Zip _____

In case of an emergency if we cannot reach you, who should we contact?

Name: _____ Relationship: _____

Contact Phone Number: _____ Secondary Phone Number: _____

The child may be released to the person(s) signing this form, or to the following people with proper ID:

Name _____ Phone Number _____

Name _____ Phone Number _____

Does your child have any physical problems, mental disorders, or developmental disabilities which could limit the child's participation? (circle one) YES NO

If yes, please specify: _____

Program	Dates	Fee	Date Paid
Swimming Camp		\$200	

REGISTRATION AGREEMENT

In enrolling at Olympia Sport & Leisure Club Swimming Camp, participant understands that he/she attending the programs and using the facilities does so at his/her own risk. Olympia Sport & Leisure Club and its owners, employees or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant with his/her family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs on the premises, He/She does hereby fully and forever release discharged hold harmless Olympia Sport & Leisure Club, all associated facilities and its owner, employees, and agents from any and all claims, demands, damages or rights of action, present or future resulting from any person's participation in any programs or use of the facility. In addition, he/she agree(s) to follow the rules of conduct by Olympia Sport & Leisure Club. Failure to do so may result in suspension from participation.

GENERAL RELEASE

For the Participant, Parent or Guardian: I understand the inherent dangers involved in fitness and aquatic programs that may lead to possible accident, injury or death. I feel confident that my child will be able to understand and follow all safety precautions. I also understand that there will be no refunds given.

The undersigned jointly and severally hereby forever release, discharge, acquit, and forgive Olympia Sport & Leisure Club, their agent, employees, contractors, and volunteers, from any and all claims, actions, suits, demands, agreements, and each of them, if more than one, liabilities, judgment and proceedings both at law and in equity arising from the beginning of time to the date of these presents. This release shall be binding upon and inure to the benefit of the parties, their successors, assigns and personal representatives.

CONSENT: I the undersigned parent or guardian/participant do hereby grant authority to the staff at Olympia Sport & Leisure Club to render a judgement concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorize Olympia Sport & Leisure Club and its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials or team films.

Parent or Guardian Print Name

Parent or Guardian Signature

Date Signed