

Diver Dan's Swim School
2245 El Camino Real; Santa Clara, CA. 95050

Liability Release and Assumption of Risk

Please read carefully before signing.

I, (Participant's Name) _____, hereby declare that I am aware of the inherent hazards of swimming and being in water too deep to stand and I personally assume all risks while taking swim lessons from *Diver Dan's, Inc.*.

I understand that *Diver Dan's, Inc.*, nor any of their respective employees, officers, agents, or assigns (hereinafter referred to as "Released Parties"), may be held liable or responsible in any way for any injury, death or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in swim lessons or as a result of the negligence of any party, including the Released Parties, whether passive or active.

I personally assume all risks in connection with this transaction, for any harm, injury or damage that may befall me while I am taking swim lessons, including all risks connected there within whether foreseen or unforeseen.

I also understand that swimming is a physically strenuous activity and that I will be exerting myself during swim activities and that if I am injured as a result of heart attack, panic, hyperventilation, etc., that I assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand that the terms herein are contractual and not mere recital, and that I have signed this document of my own free act.

IT IS THE INTENTION OF (Participant's Name) _____
BY THIS INSTRUMENT TO EXEMPT AND RELEASE *DIVER DAN'S, INC.*, AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

Signature of Participant

Date

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

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**Youth Swimming:
Responsibility and Risks Acknowledgment**

Please read carefully before signing.

I/we, (Parent/Legal Guardian Name) _____, and
our child _____, affirm we have been advised and thoroughly
informed that swimming is an activity with inherent risks to the participant. These risks may
include, but not limited to, injuries affecting the lungs, sinuses and ears, drowning, panic and other
serious injury or death. We also understand our responsibilities, as parent and participant (child), in
participating in swimming lessons and agree to accept those responsibilities.

As the parent/legal guardian of the minor child, I/we understand and agree it is solely my/our
responsibility to evaluate whether my/our child should participate in swimming lessons. Our
decision is based upon our knowledge of the mental, physical and emotional abilities of our child, as
well as his/her medical history. I/we understand and agree it is my/our responsibility to discuss
with a physician any questions I/we have regarding my/our child's medical history and
participation in swim lessons.

I/we understand and agree that it is my/our responsibility to continue to monitor the abilities and
health of my/our child to determine whether he/she should continue attending swim lessons.

I/we understand and agree that ***Diver Dan's, Inc.*** and the Swim Instructor are responsible for the
conduct and supervision of this activity.

I/we have read this Acknowledgment, understand and agree to the terms and conditions, and
understand and agree that this Acknowledgment is a binding contract between us, ***Diver Dan's, Inc.***
and the Swim Instructor.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date (Month/Day/Year)

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date (Month/Day/Year)

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Emergency Treatment Consent Form

Please read carefully before signing.

I affirm I am the parent and/or legal guardian of _____.
(Name of Minor)

As the parent/guardian, I hereby authorize ***Diver Dan's, Inc.***, and/or its Swim Instructors, agents, employees or assigns, to seek medical treatment for _____
(Name of Minor)
as the result of an accident or illness while under the supervision of ***Diver Dan's, Inc / Swim Instructor.***

I authorize the treatment of _____, by a qualified and
(Name of Minor)
licensed physician in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed.

I affirm I have read the **Liability Release and Assumption of Risk** form, and the **Youth Swimming: Responsibility and Risks Acknowledgment** form, signed them of my own free will, and understand the legal consequences of signing the document.

I have fully informed myself of the contents of this **Emergency Treatment Consent Form** by reading it before I signed it.

Name of Parent/Guardian (Please Print)

Date

Signature of Parent/Guardian

Cell Phone

Home Phone

Work Phone

Specific medical allergies, medication being taken or other conditions physician should be aware of (if none, please write NONE):

Medical Insurance Company: _____

Policy Number: _____

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Consent Form
“Who Can Pick Up My Child Form”

Please read carefully before signing.

I affirm I am the parent and/or legal guardian of _____.
(Name of Minor)

In the event I leave the *Diver Dan's* facility and am unable to make it back to pick up my child, I hereby authorize the following people to pick up my child:

Name:	Phone Number	Relationship:
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Name:	Phone Number	Relationship:
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Name:	Phone Number	Relationship:
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Name:	Phone Number	Relationship:
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Diver Dan's will verify the identification of the person(s) picking up your child before release them into their custody.

I have fully informed myself of the contents of this **Consent Form** by reading it before I signed it.

Name of Parent/Guardian (Please Print)

Date

Signature of Parent/Guardian

Cell Phone

Home Phone

Work Phone