

# Lifestyle Swimming Instruction Party Release of Liability Form

1811 S Canonero Way, Boise, ID 83709  
208-378-4509

All Participants' Names (please print) \_\_\_\_\_

Age(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone(s) \_\_\_\_\_, \_\_\_\_\_

## Release of Liability

I \_\_\_\_\_, understand that there are inherent risks associated with activities around a swimming pool and, more specifically, with the program offerings of LSI, Inc., and that prior to beginning any program involving physical exertion, the participant (I/my child) should obtain medical clearance from a physician. I do hereby give permission for Susanne or other LSI staff to seek and secure any medical attention or treatment including hospitalization, if such need arises. In doing so, I agree to pay all fees and costs, arising from this action, to obtain medical treatment. I understand that medical emergencies, injuries and complications can occur as a result of strenuous physical activity associated with swimming, swimming pools and LSI, Inc. such as: the pool, changing rooms, common areas, equipment in and out of the pool building, steps, parking lot and surrounding areas. The risks include but are not limited to: ear and eye infections, colds, abrasions, cuts, nosebleeds, burns, stings, rashes, head injuries, injured or broken limbs, paralysis and even death. I know that the pool at LSI is 3.5-10 ft deep. I voluntarily consent to attend or participate or have my child/children attend or participate in activities at LSI, Inc. I further release LSI and its leaders, employees, and volunteers from any claim that my child or children I am responsible for, may have against them as a result of injury or illness incurred, while on LSI premises. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against LSI and its leaders, employees, and volunteers. I knowingly and voluntarily waive any and all rights and causes of action, suits, damages and claims which I may have against LSI, Inc. and instructors, employees, owners thereof, in connection with or from participation in such above-described activity and or siblings waiting to swim or children I am responsible for, while I am on LSI's property. On occasion, LSI takes photographs or makes an audio or videotape recording of children and/or adults involved in activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recordings may be used in publications or advertising materials to let others know about our activities. I consent to the use of any such audio or visual record of the child(ren) named above to be used, distributed, or displayed. This consent includes but is not limited to: photographs, videotape and audio recordings. By signing this form, I declare that I have read, understood, and agree to the contents of this informed consent agreement in its entirety.

Print the names of parent(s) and/or legal guardian(s);

\_\_\_\_\_  
Parent(s) and/or legal guardian(s) signature: