

Central Florida Dreamplex

Swim Lessons

Registration Form

(Please Print Clearly)

Participant Name: _____ Parent/Guardian: _____

Street: _____ City/St/Zip: _____

Participant Date of Birth: _____ Age: _____ Gender: _____

Cell Phone: _____ Home/Work Phone: _____

Parent/Guardian Email: _____

Emergency Contact Name (other than listed parent/guardian): _____

Emergency Home Number: _____ Emergency Cell Phone: _____

Warning, Liability, Release, and Acknowledgment and Assumption of Risks

I, parent or guardian of the above named participant, understand that participation in this recreational program involves the risk of injury. I further understand that before my child participates in this program, I should consult his/her physician. By signing this form, I acknowledge all risks of injury and death and affirm I am willing to assume responsibility should injury or death result from them. I also agree to follow all rules and procedures of the program and to instruct my child to follow reasonable instructions of the swim instructors. Furthermore, in return for the opportunity to participate in this program, I agree for myself, and for my heirs, assigns, executors, and administrators, to waive any legal rights I may have to seek payment of any kind from the Central Florida Dreamplex, its employees, or its agents for bodily injury or death resulting from this program and to release those parties from any liability for damages resulting from my child's injuries or death. In case of emergency that requires immediate action and I (we) cannot be contacted, or time is of the essence, I (we) give permission for the program supervisors to make decisions and act on my behalf concerning the welfare of my child. I hereby give my full consent to allow my child's photo, video, and likeness to be used for any and all purposes deemed appropriate by Central Florida Dreamplex, which may include, but not be limited to, use in any exhibitions, public displays, publications, commercials, art, and advertising, and shall not seek compensation for any use thereof by Central Florida Dreamplex.

Parent/Guardian Signature

Date