

WAIVER FORM

Sandy Beach Regional Park Swimming Lessons

Childs Name:

Address:

I, the undersigned wish to have my child(ren) participate in the above named program activity at Sandy Beach Lake.

1. That I acknowledge that there are inherent risks associated with this activity and that I or my child(ren) could sustain personal injury through participation in this activity and I am hereby accepting to take that risk on behalf of myself or my child(ren). To save harmless and keep indemnified the Sandy Beach Swim Program, its respective agents. Officials, servants, volunteers, and representatives from and against all claims, actions, costs, and expenses and demands in respect of death, injury, loss or damage to myself or my child(ren)'s person.
2. That I acknowledge that in this situation lesser experienced volunteers or staff may be involved in supervising this activity and that wherever possible, I shall accept the responsibility of observing and controlling my child(ren)'s participation and behavior in this program.

Release Form: I have read and understand the above Release Form:

Parents Signature:

Print name:

Date:

Total Paid:

Method of Payment: