

The Northern California Swimstitute

11335 B Folsom Blvd,
Rancho Cordova, CA 95742
(916) 851-0840
www.swimstitute.com

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____, hereby agree to the following:

1. That I am participating in Lap Swim, Health & Fitness Classes, Swim Parties, Log Rolling, Clinics or Workshops offered by The Northern California Swimstitute, Inc., during which I will receive information and instruction about health and fitness. I recognize that fitness programs require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in Lap Swim, Health & Fitness Classes, Swim Parties, Log Rolling, Clinics or Workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in Lap Swim, Health & Fitness Classes, Swim Parties, Log Rolling, Clinics or Workshops.

3. In consideration of being permitted to participate in Lap Swim, Health & Fitness Classes, Swim Parties, Log Rolling, Clinics or Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.

4. In consideration of being permitted to participate in Lap Swim, Health & Fitness Classes, Swim Parties, Log Rolling, Clinics or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against The Northern California Swimstitute, Inc., for injury or damages that I may sustain as a result of participating in the program.

5. I, my heirs or legal representatives forever release waive, discharge and covenant not to sue The Northern California Swimstitute, Inc., for any injury or death caused by their negligence or other acts. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature of Participant

Date

Address: _____

City: _____

State: _____

Zip: _____

Email address: _____

If participant is under 18:

AS LEGAL GUARDIAN OF _____, I CONSENT
TO THE ABOVE TERMS AND CONDITIONS.

Signature of Parent/Guardian

Date