

Waiver/Release Of Liability for Dawson Aquatics

PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

I, _____, the parent/guardian ("Guardian") who is authorized to make decisions on behalf of _____ ("Participant"), agree and understand that swimming is a **HAZARDOUS** activity and voluntarily sign this waiver.

I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death.

On behalf of Participant, I hereby agree and authorize Participant to engage in swim lessons and hereby agree to indemnify and hold harmless Dawson Aquatics/Sarah Dawson Goldner, its instructor(s), officers, directors, agents and employees ("Company") against any and all liability resulting from any injury, death or permanent impairment that may occur to the Participant while participating in lessons. I also agree to indemnify Company and hold Company harmless for any damages incurred from the swim lessons and/or arising from any claims, demand, action or cause of action by the Participant.

Guardian further authorizes any representative of Company to have the Participant treated in any medical emergency care facility during their participation in lessons should it become necessary. Further, Guardian agrees to pay all costs associated with medical care and transportation for the Participant.

I have noted on the registration form any and all known medical/health problems of which the staff should be aware. If there are any other conditions that arise during the course of the lessons, it is Guardian's responsibility to make Company aware of such circumstances.

I have carefully read the above liability release and sign it with full knowledge of its contents and significance without coercion.

In the event parent/guardian elect to bring a claim against Company, parent/guardian agrees to participate in binding arbitration in accordance with the American Arbitration Association. The prevailing party will be responsible to pay all costs.

Date:	Signature:
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