



BRITISH SWIM SCHOOL
Informed Consent and Waiver

Location: _____

Parent's Name: Last _____ First _____
Child Name: Last _____ First _____ D.O.B _____ Age ____
Home Address: Street _____ City _____ Zip _____
Primary Tel# _____ Email _____

Person to contact first in case of an emergency

Name _____ Cell Phone _____ Alt Phone _____

Medical History

List, if any, medical history (allergies, learning disability, etc.) that we should be aware of or that would help us in working with your child:

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event of a medical emergency, the undersigned Parent(s)/Guardian(s) of the above named participant, hereby grants authorization to the British Swim School and its representatives to employ any legally licensed physician or health care facility on behalf of each of the undersigned, and to direct and/or order emergency medical treatment for the above named participants. Each of the undersigned further agrees that neither British Swim School, nor any of its representatives shall be liable under any circumstances to anyone for exercising the foregoing authority in the event of an emergency.

INFORMED CONSENT AND WAIVER/RELEASE

I, the undersigned, as the parent or legal guardian of the child listed on this application in consideration of the request and permission of my son/daughter to participate in British Swim School programs, including, but not limited to Swim Lessons and Parties, Parent's Night Out and Camps, hereby assume full responsibility for all risks or injury or loss which may result from my son's/daughter's participation in these activities and hereby agree to indemnify, hold harmless, release and forever discharge British Swim School, British Swim Centers Franchising, LLC and its franchisees, Fitness International, LLC (d/b/a LA Fitness), as well as their owners, officers, agents and employees, (together, the "Releasees") from and waive any and all claims, demands, losses, damages and liabilities whatsoever that I or my son/daughter sustain with respect to any accident, illness, injury or death of any person and persons, or damage to or loss or destruction of any property arising or resulting directly or indirectly from my son's/daughter's participation in the aforementioned program and occurring during said participation or any time subsequent thereto, whether caused by the active or passive negligence of the Releasees, or otherwise, to the fullest extent permitted by law. The terms of this release shall serve as a release and assumption of risk for my son/daughter, heirs, executors and administrators and for all my family members. If any portion of this waiver and release is held to be invalid under law, the remaining portion shall continue in full force and effect. I consent to my son/daughter participation in the British Swim School programs and understand that there are risks inherent in activities conducted by British Swim School including, but not limited to, paralyzing injuries, brain injuries, and death. With the full understanding of the facts, I state, that to the best of my knowledge, my son/daughter listed on this application has no medical, physical, mental or emotional health conditions or other impediment which would hinder or prevent his/her active participation in British Swim School programs.

I confirm that, as a parent or legal guardian of the child listed on this application, if I participate in any Parent and Child lesson program at any 24 Hour Fitness location, I am able to swim on my own without any assistance from any person or device.

Initial _____ **Swim Caps -For Health Reasons we require that all children wear a swim cap when in the pool.** These are **Color Coded for safety for each Swim Level.** British Swim School will provide all students with **their first cap, free of charge.** As your child moves up to the next level you will be required to purchase the next color cap.
Initial _____ **Images -** I also understand that photos & video are occasionally taken at British Swim School and any image taken of my child may be used for publicity purposes, including print, digital and all other forms of media advertising.

Please note, all policies are subject to change. Our web page will reflect our most recent policies:

www.britishswimschool.com

I have read and understood, and I agree with the informed consent and release and the emergency medical authorization outlined above as it relates to my son/daughter.

Parent or Guardian signature _____ Date _____



My child will be attending British Swim School, to participate in group lessons, on the following dates:

___ Monday, June 8th	___ Monday, June 22nd	___ Monday, July 6th	___ Monday, July 20th	___ Monday, August 3rd
___ Wednesday, June 10th	___ Wednesday, June 24th	___ Wednesday, July 8th	___ Wednesday, July 22nd	___ Wednesday, August 5th
___ Monday, June 15th	___ Monday, June 29th	___ Monday, July 13th	___ Monday, July 27th	___ Monday, August 10th
___ Wednesday, June 17th	___ Wednesday, July 1st	___ Wednesday, July 15th	___ Wednesday, July 29th	___ Wednesday, August 12th

British Swim School is available for Mokena and Homewood/Flossmoor campers that are in grades 1st-8th only. The cost is \$19 per lesson. Must pre-register. Cancellation deadline is 7 days prior to your scheduled lesson. No refunds will be given after deadline.

Parent or Guardian signature _____ Date _____