



Noonan Family Swim School, Inc.  
**Informed Consent and Waiver Form**

Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Addtl Child: Last \_\_\_\_\_ First \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Parent Name #1: \_\_\_\_\_ Parent Name #2 \_\_\_\_\_

Home address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email Address: \_\_\_\_\_ How did you hear about us?: \_\_\_\_\_

**Please check whom to contact first in the case of an emergency:**

1) Contact: Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

**Medical History**

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

\_\_\_\_\_  
\_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Informed Consent and Waiver/Release**

The enrolled participant and/or the Parent/guardian of the participant agrees and understands that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death. The participant hereby agrees to participate in swim lessons and hereby agrees to indemnify and hold harmless Noonan Family Swim School, Inc. its coaches, officers, directors, agents, employees, Wheeler Group, Jesse and Susan Hindemith, State of California and the 22nd District Agricultural Association, Boys & Girls Club of Greater San Diego, Jefferson Business Center, Inc, and Maxwell Properties, their agents, directors, officers, servants and employees are made additional insured, but only insofar as the operations under this contract are concerned against any liability resulting from any injury that may occur to the participant while participating in swim lessons. The participant also agrees to indemnify Noonan Family Swim School, Inc., Wheeler Group, Jesse and Susan Hindemith, State of California and the 22nd District Agricultural Association, Boys & Girls Club of Greater San Diego, Jefferson Business Center Inc, and Maxwell Properties for any damages incurred arising from any claims, demand, action or cause of action by the participant. The participant authorizes any representative of Noonan Family Swim School, Inc, Wheeler Group, Jesse and Susan Hindemith, State of California and the 22nd District Agricultural Association, Boys & Girls Club of Greater San Diego, Jefferson Business Center, Inc, and Maxwell Properties to have the participant treated in any medical emergency during their participation in swim lessons. Further, the participants and/or parent/guardian agree to pay all costs associated with medical care and transportation for the participant.

**Policies and Procedures**

\_\_\_\_\_ (Initial) I have read, understand and received a copy of Noonan Family Swim School, Inc. policies and procedures.

**Photos**

\_\_\_\_\_ (Initial) I also understand that Photos are occasionally taken at Noonan facilities and that any photo taken of my child(ren) may be used for Noonan publicity purposes.

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(s)/daughter(s)

Parent or guardian signature \_\_\_\_\_ Date \_\_\_\_\_