



Swimming Lessons

Swimming classes at Kittelson Swim School will be offered for our students this fall.

We will have groups swimming on

Wednesday mornings at 9:00am and 10:00am.

Fall Session will run September 8—November 3 (9 weeks).

Please fill out the form below, sign, date and return by Friday, September 3.

(1) Child's Name _____ Birthdate _____

(2) Child's Name _____ Birthdate _____

Parent(s) Names _____

Address _____ City _____

Zip _____ Home Phone _____ Cell Phone _____

Medical Considerations/Special Concerns _____

Has your child taken swim lessons before? _____ Has your child swam at Kittelson? _____

Briefly describe your child's skills & attitude toward the water. _____

Waiver Form

As the parent or guardian of the Participant, I agree and understand that swimming is a HAZARDOUS activity with a risk of serious injury, including paralyzing injuries and death. I recognize that it is not possible for all of the participant's activities in connection with swimming lessons to be supervised at all times.

With knowledge of the risk being assumed, I agree to release, indemnify and hold harmless Kids Safari Learning Center, LLC and Kittelson Swim School, LLC, Kittelson Swim School II, LLC, and Kittelson Swim Academy, LLC and its coaches, officers, directors, agents and employees ("Kittelson") against any liability resulting from any injury to the person, including death, or to property that may occur to the Participant while participating in swim lessons or related activities. This release, indemnity and hold harmless extends to negligent acts of Kittelson, but not to intentional or reckless acts. _____ (initial)

I authorize the Participant to be treated in a medical emergency, and agree to pay all costs for medical care and the transportation for the Participant.

Unless noted below, the Participant is able to undertake physical activity associated with swimming lessons and has no physical or health condition which would create a risk of harm to the Participant if the Participant engages in vigorous physical activity.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE. I HAVE HAD AN OPPORTUNITY TO DISCUSS AND BARGAIN WITH A REPRESENTATIVE OF KITTELSON REGARDING THE TERMS OF THIS WAIVER AND RELEASE OF LIABILITY. _____ (initial)

Signed: _____

Date: _____