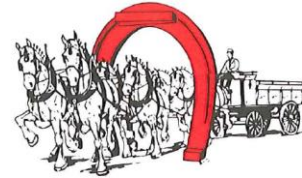




CITY OF BRITT

170 Main Ave. S.
(641)-843-4433
Britt, Iowa 50423



REGISTRATION, EMERGENCY, AND LIABILITY RELEASE FORM

Child's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Parent/Guardian: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Emergency Contact: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Family Physician Name: _____

Family Physician Phone Number: _____

Minor Waiver and Release of Liability/Parent Consent

I understand 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 swimming lessons and hereby agrees to indemnify hold harmless and not to sue Britt Aquatic Center and the City of Britt, its lifeguards, board members, director, employees, volunteers, and elected officials against any liability resulting from any injury that may occur to the participant while participating in the lessons. The participant also agrees to indemnify Britt Aquatic Center and the City of Britt for any damage incurred arising from any claims, demand, action or cause of action by the participant.

The participant authorizes any representative of Britt Aquatic and the City of Britt to have the participant treated in any medical emergency during his/her participation in swimming lessons. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

I understand I am giving up substantial legal rights. This document is a contract with legal and binding consequences and it applies to all activities in connection with the Britt Aquatic Center.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____