

2008-2009 SIMMONS COLLEGE SWIM SCHOOL CONSENT FORM

We cannot accept consent forms without full payment. Please make checks payable to:
Simmons College Athletic Dept. Complete and return form to:

Simmons College Athletic Department
Swim School
300 The Fenway
Boston, MA 02115

Call the Aquatics Office at (617) 521-1032 with any questions.

PERSONAL INFORMATION:

Parent/Guardian's Name _____

Address _____

Daytime Phone # _____

Evening Phone # _____

Child (1) Name _____

Age _____ Date of Birth _____

Child (2) Name _____

Age _____ Date of Birth _____

- Participants must be at least 2 years old (2 months for "Baby&Me").
- Participants under 18 years of age must have written consent.
- Lessons are filled on a first come, first serve basis, space permitting.
- Consent must be granted in writing
- Cancellations may be made up until the morning of private lesson.
- Program fee is non-refundable and non-transferable.
- Returned check fee is \$15
- Missed private lesson is \$5

Please read and sign:

I, the minor's parent and/or legal guardian, understand the nature of swimming activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of Simmons College and its trustees, officers, employer, attorneys, insurers, agents, affiliates, administrators and assign (the "Releasee(s)") from and all liabilities, claims, demands, losses, damages, costs, expenses, actions or causes of actions of every nature, character and description (the "Claims"), arising from, related to or in connection with the minor's participation in the Simmons College School of Swimming program, including, without limitation, Claims caused or alleged to be caused in whole or in part by the negligence of the Releasee(s) or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a Claim against any of the above Releasee(s), I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasee(s) from any litigation expenses, attorney fees, loss liability, damage or cost and may occur as the result of any such Claim.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Participant: _____ Date: _____

*Every group lesson applicant without exception must have a swim evaluation administered by Simmons College School of Swimming staff to determine level.