

**LEGACY PARK MEDICAL RELEASE FORM
SWIMMING LESSONS SPRING/SUMMER 2010**

I/We the parent(s) of _____, permit him/her to participate in all swim lesson activities during the 2010 Swimming Lessons season.

I/We assume all risks and hazards incidental to participation, including transportation to and from the activity. I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Legacy Park Swimming Lessons program, Kids in Action Inc., its sponsors, supervisors, participants, volunteers and coaches for any claim resulting in injury to the above named child. I/We do hereby agree to hold harmless Legacy Park Communities, Legacy Park Homeowners Association, Inc. and Kids in Action Inc. from any responsibility or liability for the health and well being of my child during participation in the Swim Lessons program offered at Legacy Park.

I/We hereby grant permission to the adult managers, teachers, coaches or volunteers to obtain medical care from any licensed physician, hospital or medical clinic for my child at such time as either parent or legal guardian cannot be contacted in person or by telephone.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

ADDITIONAL SWIMMING LESSONS INFORMATION

LESSONS ARE FOR LEGACY PARK RESIDENTS ONLY

Please include \$80.00 per child (checks to KIA)

Students Name _____ Age _____

Class Name _____ Session # _____ Pool _____ Time _____

Make sure your session #, pool choice, and time agree with the posted class schedule

Parents Name(s) _____

Home Phone _____ Cell Phone _____ Work _____

Email _____

Emergency Contacts _____ Phone _____

Special information (medical or other) that might help your instructor teach your child:
