

Vermont Sun & Water Wonders 2011
Registration and Release

Participant's Name _____ Age _____

Parent _____ Phone _____

Mailing address _____

Emergency contact if parent cannot be reached (name and phone number):

Class(es) for this swimmer: _____

Release: I understand that there are potential risks of physical injury that are inherent in swimming and aquatics activities. I have considered these risks before agreeing to participation in these activities. I understand that Jake Jacobs and/or "Water Wonders" does not carry health, accident or liability insurance. I hereby release Jake Jacobs (d.b.a. Water Wonders), her employees and agents from any liability for personal injury, or the loss or damage to personal property which I or my child may experience in connection with swimming instruction or other aquatics activities. This release of liability is extended to the staff, owners, administrators or agents of Vermont Sun in association with these aquatics activities. I hereby consent to any medical procedures deemed advisable for my child in the event I cannot be reached and my child has sustained an injury. In such an event, the most expedient care will be implemented; if a preferred primary care provider is designated below, then reasonable efforts will be made to engage the services of this medical professional. I agree to pay any fees and charges associated with such care.

Date

Signature of participant or parent (if participant is minor)

Optional - Name and phone number of preferred primary care provider:

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