

# Village Health & Fitness, Inc.



## Swim Lesson Permission and Assumption of Liability Form

Parental Permission: For \_\_\_\_\_ (participant's name)

Parent/Guardian(s) Name: \_\_\_\_\_

I hereby give the Village Health & Fitness permission for my child to participate in the Swim Lesson Program. My signature affirms my understanding that my child's participation in VHF programs and activities may present some risk or injury. Village Health & Fitness assumes no liability for injuries or damages that result from my child's participation in these programs.

I agree to pay the Swim Lesson Session cost of \_\_\_\_\_ (with a scholarship of \_\_\_\_ % included) for \_\_\_\_\_ lessons from \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_. I understand that if I miss a lesson due to illness, travel, etc. that I will not be refunded any lesson fees. In the case of foul weather that forces a lesson to be canceled, the swim instructor will make every effort to reschedule a make-up lesson as soon as possible.

I also understand that I (as parent/guardian or other caregiver) need to stay on the Village Health & Fitness premises for the duration of the swim lesson. All swim lessons will be 30 minutes long and will start promptly at the lesson time.

Please indicate any relevant allergies, needs, or abilities your instructor should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_