

DO NOT STAPLE



SWIM CENTRAL WATER SAFETY EDUCATION PROGRAM  
PROGRAM REGISTRATION  
(Please Print)



THIS FORM MUST BE COMPLETELY FILLED OUT IN INK

Participant's Name: (Only one child per form)		
Participant's Age:	Date of Birth: / /	Male / Female (circle)
In accordance with this Program's grant requirement, please circle one of the following: Are you of Spanish/Hispanic/Latino origin: Yes No African American/Black Pacific Islander/Native Hawaiian Asian White Native American/Alaska Native Other _____		
Parent(s)/Legal Guardian(s) Name:		Home Phone #:
Address:		Work/Cell Phone #:
City:	State: FL	Zip:
School Name:	Session Dates:	Session Times:
Name of municipality/agency providing lessons:		Name of pool:
Does your child have a diagnosed disability?		(Circle One) YES NO
If so, what special adaptive equipment does your child require?		_____

RELEASE, INDEMNITY, AND WAIVER OF LIABILITY

- NOTICE: This Program Registration contains a release, indemnity, and waiver of liability and when signed is a contract with legal consequences. Please read it carefully before signing your name.
- In consideration of the opportunity afforded to myself or my minor child/ward named herein to participate in the SWIM Central Water Safety Instruction/Education Program ("Program"), I, freely agree to and make the following contractual representations and agreements on behalf of myself and/or my minor child/ward participating in the Program.
- I expressly acknowledge that the Program activity(ies) do involve some risks, and I hereby knowingly, freely and voluntarily assume all risk and liability for any damage or injury that results or may result directly or indirectly from my or my child/ward's participation in the Program, and further agree to release, waive, discharge, and covenant not to sue Broward County, the municipality or agency providing the Program activity(ies), their respective officers, agents, employees, and volunteers (all for the purposes herein referred to as the "Releasees") from any and all liability and causes of action whatsoever which I, my heirs, legal representatives, and assigns may have against any of the Releasees due to my and/or my child/ward's participation in the activity, whether caused in whole or in part by the negligence of Broward County or the Releasees. I, further agree to indemnify and hold harmless the Releasees from any and all liability, including all fees and costs, resulting from claims, causes of action, or losses sustained by third parties arising out of actions or alleged actions in connection with my and/or my child/ward's participation in the Program activity(ies).
- I do hereby grant full permission to Broward County to use photographs, videotapes, recordings, and any other record of the activity for any legitimate purpose whatsoever. I understand that my personal insurance bears primary responsibility in case of an accident involving myself or my minor child/ward while participating in the activity. The information contained in this document is a public record subject to disclosure under Chapter 119, Florida Statutes. Additionally, Broward County may provide information relating to the water safety education/instruction program to various State, County, and local government agencies.
- I have read the above provision, fully understand its terms, and understand that have given up substantial rights by signing this document and have signed freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of any and all liability to the greatest extent allowed by law and agree that if any portion of this contract is held to be invalid the balance notwithstanding shall continue in full legal force and effect.

Parent/Guardian Signature:	Date:
Municipality/Agency Authorized Representative/Instructor Signature:	Date:

This Program is funded by:

