



Informed Consent & Waiver Form

Child's Name: Last _____ First _____ Date of Birth _____ Age _____ Sex _____

Addtl. Child: Last _____ First _____ Date of Birth _____ Age _____ Sex _____

Addtl. Child: Last _____ First _____ Date of Birth _____ Age _____ Sex _____

Home Address: Street _____ City _____ State _____ Zip _____

Email Address: _____ (this is how we communicate and give away free stuff)

Please check whom to contact first in the case of an emergency

Primary Contact: Name _____ Phone _____

Secondary Contact: Name _____ Phone _____

Medical History

List, if any, medical history (allergies, learning disability, etc.) that we should be aware of that would help us in working with your child: _____

Preferred Hospital: Family Doctor: Name _____ Phone _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event of a medical emergency, the undersigned Parent(s)/Guardian(s) of the above named participant(s), hereby grants authorization to the Little Honu Swim School ("Little Honu"), and its representatives, to employ any legally licensed physician or health care facility on behalf of each of the undersigned, and to direct and/or order emergency medical treatment for the above named participant(s). Each of the undersigned further agrees that neither Little Honu, nor any of its representatives, shall be liable under any circumstances to anyone for exercising the foregoing authority in the event of an emergency.

INFORMED CONSENT AND WAIVER/RELEASE

I, the undersigned, as the parent or legal guardian of the child(ren) listed on this application in consideration of the request and permission of my son(s)/daughter(s) to participate in the Little Honu programs, including, but not limited to Swim Lessons and Swim Squads/Teams, hereby assume full responsibility for all risks of injury or loss which may result from my son's/daughter's participation in this activity and hereby agree to hold harmless, release and forever discharge Little Honu, its officers, agents and employees from and waive any and all claims and demands whatsoever which the undersigned and any of them or any third person of any accident, illness, injury, or death of any person and persons, or damage to or loss or destruction of any property arising or resulting from swimming, weight training, and a variety of strenuous exercise, vigorous physical activities and/or running directly or indirectly from my son's/daughter's participation in the aforementioned program and occurring during said participation or any time subsequent thereto, save and except that the above provisions shall not be applicable to injury to or death of persons, or damage to or loss of property arising out of the sole negligent acts or omissions of Little Honu, their officers, agents or employees. The terms of this release shall serve as a release and assumption of risk for my son(s)/daughter(s), heirs, executors and administrators and for all my family members forever.

I understand, agree, and acknowledge that there are risks inherent in the sports activities conducted by the Little Honu Swim School, including, but not limited to paralyzing injuries, brain injuries, and death. These activities may be of a hazardous nature and/or may include activities such as swimming, a variety of strenuous exercise, and vigorous physical activities. With the full understanding of the facts, I state, that to the best of my knowledge, my son(s)/daughter(s) listed on this application has no medical, physical, mental or emotional health condition which would hinder or prevent his/her active participation in Little Honu programs.

PHOTOS

I also understand that Photos are occasionally taken at Little Honu facilities and that any photo taken of my child(ren) may be used for Little Honu publicity purposes. I have read and understood, and I agree with the informed consent and release and the emergency medical authorization outlined above as it relates to my son(s)/daughter(s).

I AGREE AND UNDERSTAND THERE ARE NO REFUNDS OR RE-SCHEDULING, OTHER THAN FOR POOL CLOSURES. And a 30 day written notice is required to withdraw from lessons.

Parent or guardian signature _____

DATE _____