

Mountain Valley Fitness and Health SWIM LESSON: Parental Permission Form

Parental Permission: For _____ (participant's name). I hereby give Mountain Valley Fitness and Health permission for my child to participate in the swim lesson program.

Medical Release: I authorize the Mountain Valley Fitness and Health staff to act on my behalf if medical treatment for my child is necessary. In the event of illness or injury to my child, I authorize Mountain Valley Fitness and Health to obtain medical treatment for my child and authorize medical services to be provided.

Liability Waiver: I agree to hold Mountain Valley Fitness and Health harmless and assume all risks of death, injury or illness that my child may incur during participation in the swim lesson. I expressly agree to release and discharge Mountain Valley Fitness and Health and all staff from any and all claims or causes of action and agree to voluntarily give up or waive any right that I may otherwise have to bring a legal action against Mountain Valley Fitness and Health and all staff for personal injury or property damage.

Medical Information: The following is a list of all medical problems, allergies, medications being taken and restrictions due to my child's health conditions:

Medical Conditions: _____

Allergies (medicine, food, etc.): _____

Current medications: _____

Restrictions: _____

Medical Care Contacts: List two people that Mountain Valley Fitness and Health may contact in the event the child requests medical care or Mountain Valley Fitness and Health determines that the child is in need of medical care.

Name of contact: _____ Home Phone: _____

Relationship to Child: _____ Work or Cell Phone: _____

Name of contact: _____ Home Phone: _____

Relationship to Child: _____ Work or Cell Phone: _____

Authorize to Release Child: In the event my child requires medical care, as determined by Mountain Valley Fitness and Health or requested by the child, I authorize Mountain Valley Fitness and Health to release my child to the custody of any one of the people named above as Medical Care contacts.

Parent/Guardian signature: _____ Date: _____

Printed name of Parent/Guardian: _____

Witnessed by Mountain Valley Fitness and Health Staff:

Staff signature _____ Date: _____

Printed name of staff: _____