

Mountain Valley Fitness and Health SWIM LESSON: Permission Form

Medical Release: I authorize the Mountain Valley Fitness and Health staff to act on my behalf if medical treatment 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 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 health conditions:

Medical Conditions: _____

Allergies (medicine, food, etc.): _____

Current medications: _____

Restrictions: _____

Emergency Contacts: List two people that Mountain Valley Fitness and Health may contact in the event you request medical care or Mountain Valley Fitness and Health determines that you are in need of medical care.

Name of contact: _____ Home Phone: _____

Relationship: _____ Work or Cell Phone: _____

Name of contact: _____ Home Phone: _____

Relationship: _____ Work or Cell Phone: _____

Participant's Signature: _____ Date: _____

Printed name of participant: _____

Office Use ONLY

Staff signature _____ Date: _____

Printed name of staff: _____