

INFORMED CONSENT AND RELEASE OF LIABILITY

The following **MUST** be completed and signed in order to participate in any ATCS class or program

1. I certify that I am/my child is able to participate fully in the class. In case of voluntary withdrawal, I understand that there will be no refund of class tuition or fees. **(Initials_____)**
2. In consideration of being allowed to participate in the activities and programs required to complete the required curriculum and to use the necessary facilities, equipment, and machinery (if applicable), I do hereby waive, release and forever discharge, and indemnify and hold harmless **Aquatic Training and Consulting Services** and its officers, agents, employees, representatives, and all others from any and all responsibility or liability for injuries or damages, except those caused by the negligent act or omission of any of the foregoing persons or entities arising out of or resulting from or in connection with my/my child's use of the facilities and equipment or my/my child's participation in any of **Aquatic Training and Consulting Services** classes or programs. **(Initials_____)**
3. I understand that participation in the **Aquatic Training and Consulting Services** programs and the use of the necessary facilities and equipment is potentially hazardous. I also understand that fitness activities involve risk of injury and even death and that I am/my child is voluntarily participating in the programs and using the facilities and equipment with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. **(Initials_____)**
4. I understand that the facilities and equipment and programs may not be advisable for certain individuals, including but not limited to elderly persons, pregnant women, persons suffering from heart disease, diabetes, high or low blood pressure and other conditions and illnesses, and persons taking medication. I hereby acknowledge that I have been advised to seek advice from a physician regarding my/my child's participation in **Aquatic Training and Consulting Services** programs or in the use of the necessary facilities and equipment. I also acknowledge that it has been recommended that I have/my child has a yearly or more frequent physical examination and consultation with a physician as to my/my child's physical ability to participate in **Aquatic Training and Consulting Services** classes and to effectively perform the tasks and skills required. I acknowledge that I have/my child has either had a physical examination and that I have/my child has been given permission by a physician to participate or that I/ my child will be participating in the **Aquatic Training and Consulting Services** programs or classes and/or using the necessary facilities and equipment without the approval of a physician and do hereby assume all responsibility for my/my child's participation in the programs or classes and/or my/my child's use of the necessary facilities and equipment. **(Initials_____)**
5. As part of the overall **Aquatic Training and Consulting Services** program, participants are occasionally photographed or videotaped by the **ATCS** staff. If initialed, you hereby grant permission and approval that you or your child may be photographed or videotaped by the **ATCS** staff and also that the participant's likeness may be used by **Aquatic Training and Consulting Services** in any **ATCS** publications, materials, advertisements, web-site, and programs. **(Initials_____)**
6. By signing below, I authorize **Aquatic Training and Consulting Services** to provide medical care and seek advanced medical care for me/my child should the need arise. I also authorize **Aquatic Training and Consulting Services** to transport me/my child for the purpose of providing medical care if necessary, at the discretion of the **Aquatic Training and Consulting Services** representative or medical personnel. **(Initials_____)**

Participant's Name

Date

Signature of Participant or Parent/Guardian

Date