

Swimtech Swim Studio Medical Form

This Form Must Be Filled Out Prior To Your First Lesson!

Medical Information

Name: _____

Home Address (Street, City, Zip, Country): _____

Home Phone: _____

Date of Birth: _____

In Case of Emergency, Notify: _____

Relationship to Emergency Contact: _____

Emergency Contact Home/Work Telephone: _____

Insurance Company: _____

Medical Conditions (Note any condition, disability, allergy presently being treated):

Please List All Medications _____

Release From Liability

****Please Sign & Return ****

I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all risks inherent in swimming including possible permanent disability and death and agree to assume all risks. AS A CONDITION OF MY PARTICIPATION IN THE SWIMTECH PROGRAM OR ANY ACTIVITIES THERETO, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSSES OR DAMAGES INCLUDING, BUT NOT LIMITED TO, ALL CLAIMS FOR INJURY, LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: SWIMTECH, LLC., OFFICERS, AGENTS OR EMPLOYEES, HOST FACILITIES, OR ANY INDIVIDUALS SUPERVISING THE WORKSHOP/CAMP PROGRAM

Date: _____

Signature (parent's signature if signing for a minor): _____

Print Name: _____