



**Steve Wallen Swim School, Inc.**  
**1230 Glenhaven Court, Suite 100**  
**El Dorado Hills, CA 95762**  
**Business Park #3**

**Please Print Clearly**

I, \_\_\_\_\_, ACKNOWLEDGE that I have voluntarily permitted \_\_\_\_\_  
(Parent/Guardian Name) (Child's Name)

(hereinafter "Enrollee") Sex \_\_\_\_\_ Born on (MM/DD/YY) \_\_\_\_\_ to participate in a pool party, lessons, and/or  
(M/F) (Childs Birth Date)  
activities at Steve Wallen Swim School, Inc.

I AM AWARE THAT STEVE WALLEN SWIM SCHOOL, INC. LESSONS, PARTIES, ETC., INVOLVE ACTIVE SWIMMING ACTIVITIES, AND I AM VOLUNTARILY PERMITTING MYSELF & ENROLLEE TO PARTICIPATE IN THESE ACTIVITIES WITH THE KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY TO ENROLLEE, MYSELF OR ANYONE ELSE SIGNING BELOW, THAT MAY RESULT FROM ANY OF OUR PARTICIPATION.

In exchange for Enrollee being permitted by Steve Wallen Swim School, Inc. to participate in these activities and use its facilities, I/we hereby agree that I/we will not make a claim against or sue Steve Wallen Swim School, Inc. or any of its principals, employees, or agents, for injury or damage resulting from the use of the facility or negligence or other acts, howsoever caused, by an employee or agent of Steve Wallen Swim School, Inc. as a result of Enrollee's or my/our participation.

In addition, I HEREBY ACKNOWLEDGE AND AGREE TO RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS STEVE WALLEN SWIM SCHOOL, INC., its principals, employees and agents, and to assume full responsibility for any loss or damage for any claim, lawsuit or demand for loss or damage, on account of injury to Enrollee or myself/ourselves, whether caused by the active, passive or sole negligence of Steve Wallen Swim School, Inc., its employees or agents, while Enrollee or myself/ourselves are on the property of Steve Wallen Swim School, Inc., or are participating in any way or any activity at Steve Wallen Swim School, Inc.

Should it be necessary, in the opinion of a member of the staff at Steve Wallen Swim School, Inc., to render first aid and/or assistance to Enrollee or myself/ourselves, I hereby grant permission to the staff of Steve Wallen Swim School, Inc., to render such aid and assistance if I am not present.

I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. BY SIGNING THIS AGREEMENT AND RELEASE, I AGREE TO ALL OF THE ABOVE.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent(s)/Guardian(s) Information**

Name (first/last) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

Comments: \_\_\_\_\_