

# PARTY PERMISSION SLIP

## ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

As a parent or legal guardian of, and/or on behalf of myself, \_\_\_\_\_, I voluntarily consent to the aforementioned child(ren)/myself taking part in all activities relating to swimming pool usage and party celebration at Saf-T-Swim, LLC and, I accept all risks associated with such participation. I fully understand the risks involved while taking part in activities related to being in or around a swimming pool and party participation at a facility where others are present. I acknowledge that these risks include, without limitation, the possibility of bodily injury, paralysis or death. In addition, I acknowledge that swimming or any activity in or around water can result in drowning.

In consideration for allowing my child(ren)/myself to use these facilities, I, on own my behalf and that of my child(ren)/myself and our respective heirs, administrators, executors and successors, hereby forever release and covenant to indemnify and hold harmless any and all entities of Saf-T-Swim, as mentioned above, their officers, directors, employees and other individuals associated with their operations from all liability for any and all damages and injuries suffered by my child(ren)/myself from participation in the aforesaid course of swimming and time spent celebrating, playing, having refreshments and any other activities while under the instruction, supervision or control of Saf-T-Swim or affiliates **including, but not limited to, any and all claims resulting from, or arising out of, or alleging liability for negligence. Additionally, no insurance company shall have the right of subrogation against Saf-T-Swim, LLC, its affiliates or its employees referred to above.** Furthermore, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child(ren)/myself as a result of any injury or illness sustained while participating at any facility of Saf-T-Swim, LLC, or said affiliates.

I give Saf-T-Swim, LLC, permission to use my child's (and/or my) party photos and information for social media and promotional purposes. I have read and understand this Acknowledgement of Risk and Waiver of Liability and Medical Authorization, and I voluntarily affix my name in agreement.

Participant(s) Name(s): \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_

Home/Cell Number: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Medical Comments for Child/Myself  
\_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_

Parent/Legal Guardian Print: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

**YOUR CHILD WILL NOT BE ALLOWED TO ATTEND THE PARTY WITHOUT A SIGNED WAIVER FROM A PARENT OR LEGAL GUARDIAN. ADULTS REMAINING AT THE PARTY MUST ALSO SIGN THIS WAIVER.**