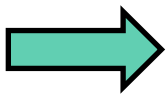




## Registration and Waiver 2016

|                            |  |
|----------------------------|--|
| Parent Name :              |  |
| Address:                   |  |
| City, State, Zip:          |  |
| Phone:                     |  |
| Child's Name:              |  |
| Child's Birthday           |  |
| Email:                     |  |
| How did you hear about us? |  |

I am fully aware of the risks involved in participating in swimming lessons at Vero Beach Swim School located at 4044 57th Terrace Vero Beach, FL 32966. By signing this registration/waiver form I agree not to hold Vero Beach Swim School, their instructors, Mr. or Mrs. Henry owners of the swimming pool liable in any way whatsoever for any accidents or negligence that may occur while the minor student is at Vero Beach Swim School. I am the parent/guardian of the minor child being registered for swimming classes. I understand by signing this form I give my full consent to participate in swim classes / camps at Vero Beach Swim School and understand that the minor does so at his/her risk.



\_\_\_\_\_ DATE \_\_\_\_\_

### PHOTOGRAPH RELEASE

I hereby grant Vero Beach Swim School permission to use my child's photo while taken in swim class/ camp for brochures, advertising and promotions including social media. Pictures will not be sold or gifted.

I also understand there will be no compensation for the use of your child's photos.

YES \_\_\_\_\_ NO \_\_\_\_\_