

Rock of Ages Empires, Inc

Waiver of Liability

Family Last Name _____ **Program:** _____

Swimmer's Name _____
Last First

Swimmer's Name _____
Last First

Swimmer's Name _____
Last First

I do hereby unconditionally waive and release Rock of Ages Empires, Inc, and all affiliated entities thereof, their successors, assigns, and all officers, representatives, agents, independent contractors and or employees thereof any claims, damages, liability, actions or demands from injury or lost of any nature whatsoever which I may have or which may hereafter accrue to me in connection with said program or activity arising out of my use thereof or my participation therein, and for any acts of negligence committed by an agent, servant, independent contractor or employee of Rock of Ages Empires, Inc, or any related or successor activity.

I do understand the risk that is inherent in my participation in the above stated program and or swim lesson(s), including injuries, damages, and losses of every nature, and I do hereby expressly assume all such risk. I further certify that I am in good physical condition and I am not aware of any disease or injury that would result in my being injured during any program or swim lesson(s). I hereby grant permission if I should suffer any injury or illness, for the officials of the program to use their discretion to have me transported to a medical facility for medical care and treatment, and I take full responsibility for this action.

I have read and understood the above release that I am entering the program and or swim lesson(s) at my own risk. This release will be binding on me, my personal representatives, assigns, heirs, and next of kin for any and all damages and any claims or demands therefore on account of injury of the person or property or resulting in the death of the undersigned.

Parent/Guardian's Name: _____
(Please print) Last First

Phone Number:(____) _____ **Emergency Number:**(____) _____

Parent/Guardian's Signature

Today's Date: