Permission Form & Liability Release
Open Swim at Barrington Academy

The undersigned, being of lawful age, and in consideration of the undersigned's child (or children) being permitted to participate in the open swim program provided by The Swim Center, LLC does for the undersigned, his/her spouse, discharge the above-named program provider, other employees, agents, heirs, administrators, successors, and assigns from any and all liability connected to any claim, demand, action, choice of action, or right of whatever nature or kind, whether in law or equity, rising from or being the ultimate result of, any accident, incident, event or occurrence the program or are otherwise present on the program provider's premises, whether by negligence or otherwise.

The undersigned understands and expressly acknowledges that while participating in the open swim time, the undersigned's participant will be allowed, along with other patrons, in the in-ground swimming pool located on the premises. The undersigned further understands and expressly acknowledges that, as with any activity, the aquatics activities poses risks of severe personal injury or even death. The undersigned has carefully considered all risk and consequences before enrolling in the program and by executing the Release, hereby assumes the same.

The undersigned further releases all persons, officials and professional personnel, from any claim whatsoever in account of first aid treatment or service rendered to the undersigned or his/her child/children.

This Release contains the entire agreement between the parties hereto and the terms of this Release are contractual and not mere recital. The undersigned has carefully read this entire release, knows the contents thereof, and is executing the same voluntarily.

Pictures and/or videos may be taken of the participant in the program and may be used for promotional and educational purposes. If you do not want your pictures to be published on The Swim Center website, you will need to notify Jennifer Hill of such in writing.

In registering for this class and all subsequent classes, the participant agrees with all policies listed in the Pool Memberships Information that can be found at www.theswimcenter.com/pool_memberships.html. Please take the time to review ALL of the information on The Swim Center website so that you completely understand what you are signing up for. If you do not have access to the internet, please contact Jennifer Hill at 770-507-7400 so that the information could be mailed to you.

Pool Membership cost- $50 per person $10/ daily rate Hours: Saturday & Sunday 12:00-6:00 Memorial Day through Labor Day

Parent's Name _____ Email _____

Home Phone _____ Address _____

Cell Phone _____ _____

Swimmer #1
Name: _____ Age: _____ DOB: _____

Health issues: _____

Swimmer #2
Name: _____ Age: _____ DOB: _____

Health issues: _____

Swimmer #3
Name: _____ Age: _____ DOB: _____

Health issues: _____

Swimmer #4
Name: _____ Age: _____ DOB: _____

Health issues: _____

X_____
Parent/Guardian (Releasor) Signature Date

Use back for additional registrations. Mail permission form and payment payable to Jennifer Hill at 177 Stokes Dr., Stockbridge, GA 30281. Please note physical pool location: BARRINGTON-810 Flat Rock Road, Stockbridge, GA 30281