



PARENTAL RELEASE STATEMENT

I hereby certify as follows:

I, _____ am the parent/guardian of _____ and that I have full authority to make decisions on behalf of the student. I hereby give my son/daughter _____ permission to participate in the following activities:

Activity: Swim Into Summer Swim Camp	
Week 1: June 14, 15, 16, 17, 18 (3pm-4pm) Week 2: June 21, 22, 23, 24, 25 (8am-9am) Location: Guma Sakman Beach Cost: Free (Grant funded activity)	There will be swimming in designated areas only. Instructor's liability is terminated upon completion of the lesson. <ul style="list-style-type: none"> ● It is important to drop off your child at least 15 minutes prior to the lesson for adequate time to get ready. ● Also, please pick up your child from the site on time.

All school rules are in effect during this activity.

I am aware and understand that the water activities listed above, the use of any kind of sport equipment, and/or the participating in any kind of athletic activity, exposes the student to a degree of risk. I, and the student, assume full responsibility in the use of any sports equipment and/or participating in any kind of water or athletic activity on this field trip.

It is understood that the school will exercise reasonable care to supervise students while the students are participating in the activity described above. However, I understand that the Board of Education, PSS does not carry any insurance relative to the trip, transportation to or from the trip or for injuries to the student. I represent that my child has insurance through my own carrier. If any emergency medical procedures or treatment are required, I authorize the school employees and chaperones to take, arrange for and consent to any procedures or treatment in his or her discretion.

I agree to release, waive, indemnify, hold harmless and reimburse, the school, the chaperones, the Public School System, the Board of Education, and their officers, employees, and agents from any claim that I or the student may initiate for losses, damages or injuries arising out of the student's participation in the activity or the rendering of emergency medical procedure or treatment, if any.

Pictures will be taken for the purpose of promoting and documenting the programs activities. Including but not limited to posting on our program's website, Facebook page, and other social media platforms. Photos will also be used in school/district/program documentation and reports. I/We agree to this photo release and waiver.

My signature below indicates that I fully understand and voluntarily accept all the terms and conditions listed herein.

Parent/Guardian SIGNATURE: _____ Date: _____

Student's SIGNATURE: _____ Date: _____

Emergency Contact Phone Number 1: _____ Emergency Contact Phone Number 1: _____

Student Information:

Student Age: ____; Student Grade: ____; Student School _____, Have you taken swim lessons before? **Y / N**

Please rate your child on a scale of 1-5, with 5 being the most/best.

1. How comfortable are you in the water? **1 2 3 4 5**
2. How often do you practice water safety around or in the water? **1 2 3 4 5**
3. Are you excited to learn how to swim? **1 2 3 4 5**

Is there any additional information we should know (allergy/medical condition)? _____

Email applications to: jeremiah@swimcnmi.com or jlbventures670@gmail.com