



**AQUATECH**  
SWIM SCHOOL

# Change of Status Form

**CHILD #1:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Level: \_\_\_\_\_ Day/Time: \_\_\_\_\_

**CHILD #2:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Level: \_\_\_\_\_ Day/Time: \_\_\_\_\_

**CHILD #3:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Level: \_\_\_\_\_ Day/Time: \_\_\_\_\_

## **STATUS CHANGE (Office Staff Only):**

CAS>MT     CAS>PERP     MT>PERP     Additional Class     Re-enrollment

## **PAYMENT METHOD:**

ALL PERPETUAL LESSONS must keep a credit/debit card on file with the swim school for monthly billing.

On File     Cash/Check     VISA     Master Card     Discover

Card/Check Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card/Check: \_\_\_\_\_ Signature: \_\_\_\_\_

I have received a copy of the Program Policies and they have been explained by an AquaTech staff member. I understand the policies and the prices of the program I have registered for. A copy and/or review of the policies can be obtained at anytime by contacting the office.

Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

AT STAFF: \_\_\_\_\_ Date: \_\_\_\_\_

## Agreement and Release of Liability & Consents:

In consideration of being given the opportunity for myself or my child(ren) to participate in swim instruction at AquaTech Swim School, I, for myself or my child(ren), my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree and represent that I understand the nature of swim instruction activities, both on water and land based, and that I am, or my child is qualified, in good health, and in proper physical condition to participate in such an Activity 2. FULLY UNDERSTAND that: (a.); SWIM LESSONS INVOLVE RISKS AND DANGERS of serious bodily injury, including permanent disability, paralysis and death ("Risks"); (b.) these Risks and dangers may be caused by my own, or my child(ren)'s actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the Released Parties named below; (i) AquaTech Swim School, or its successors or assigns; or (ii) AquaTech Swim School's officers, directors, shareholders, employees or agents, Mariner Square Athletic Inc., Alameda Landing LLC, Enterprise Landing Project LLC, J&M Kids LLC, Touchstone Climbing, Diablo Rock Gym, Tyris Corporation or their successors or assigns ((i) and (ii) shall be referred to as the "Released Parties"); there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my or my child(ren)'s participation in the Activity. 3. HEREBY RELEASE, discharge, and covenant not to sue the Released Parties and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Released Parties, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Released Parties, from any litigation's expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim. I have read this agreement, fully understand its terms, and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law.

### Authorization For Emergency Medical Treatment:

I grant my authorization and consent for to administer general first aid treatment for any minor injuries or illnesses experienced by the students enrolled in AquaTech Swim School. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Supervising Staff to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Supervising Staff in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

### Authorization for Photography/Videography:

I provide my consent to AquaTech Swim School Inc. and its agents to use my child's photograph, name, comments, and/or voice in any AquaTech Swim School website, employee magazine, news releases, video or broadcasting, poster or other company-produced promotional, public relations and advertising material. I also release and hold harmless BNSF and its agents from any liability arising out of participation in a publication, advertisement, broadcast and/or promotion.

Student#1 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student#2 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student#3 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_