



Swim Lesson Consent Form

Name of Child/Children: _____

Adult/Parent/Guardian: _____ Home/Work #: _____

Address: _____ City/Prov: _____ Postal Code: _____

Alternate/Emergency Contact: _____ Relationship: _____ Phone: _____

Does your child have any medical conditions or allergies? _____

I understand the inherent risks related to all sport and fitness activities and the additional risks with aquatic activities. I accept these risks freely, releasing Town of Neepawa and its agents, employees and volunteers from responsibility associated with that risk.

I have completely read and understand this consent agreement.

Signature of Participant: _____ Date: _____

(if under 18, parent/guardian)