

Liability Waiver, Release of Claims & Photo Release

Please complete every section before your swimmer's first lesson.

1. Swimmer Information

SWIMMER'S FULL NAME		DATE OF BIRTH
<input type="text"/>		<input type="text"/>
AGE	GENDER	GRADE / SCHOOL
<input type="text"/>	<input type="text"/>	<input type="text"/>
YEARS OF SWIM EXPERIENCE	SWIM ABILITY	
<input type="text"/>	<input type="text"/>	

2. Parent / Guardian Information

PARENT / GUARDIAN FULL NAME		RELATIONSHIP TO SWIMMER
<input type="text"/>		<input type="text"/>
CELL PHONE	EMAIL	
<input type="text"/>	<input type="text"/>	
HOME ADDRESS		
<input type="text"/>		
CITY	STATE	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>
SECOND PARENT / GUARDIAN NAME (IF ANY)		CELL PHONE
<input type="text"/>		<input type="text"/>

3. Emergency Contact (other than parent above)

EMERGENCY CONTACT NAME		RELATIONSHIP
<input type="text"/>		<input type="text"/>
PHONE	ALTERNATE PHONE	
<input type="text"/>	<input type="text"/>	

4. Medical & Health Information

Please share anything that may affect your swimmer's safety in the water (allergies, asthma, seizures, ear tubes, recent surgeries, fear of water, etc.).

ALLERGIES (FOOD, ENVIRONMENTAL, MEDICATION)

CURRENT MEDICATIONS

MEDICAL CONDITIONS TO BE AWARE OF

PRIMARY CARE PHYSICIAN

PHYSICIAN PHONE

HEALTH INSURANCE CARRIER

POLICY / MEMBER ID

5. Acknowledgement, Assumption of Risk & Release

In consideration for being permitted to participate in swim lessons and any related activities provided by Lillie Flippen, doing business as "Lillie's Swim School" (the "Instructor"), I, the undersigned parent or legal guardian of the swimmer named above, on behalf of myself, my child, and our heirs, executors, administrators, successors, and assigns, agree as follows:

- I understand that swimming and water activities involve INHERENT RISKS, including but not limited to drowning, near-drowning, slips, falls, contact with the pool surface or other swimmers, weather exposure, communicable illness, and other physical injuries — some of which may be serious or life-threatening.
- I VOLUNTARILY ASSUME ALL SUCH RISKS, both known and unknown, and accept full personal responsibility for any injury, loss, or damage to myself or my child arising out of participation in lessons.
- I represent that my child is physically able to participate in swim lessons. I will inform the Instructor in writing of any medical condition that may affect participation.
- I authorize the Instructor to seek and consent to emergency medical treatment for my child if I cannot be reached, and I agree to be financially responsible for any such care.
- I AGREE TO RELEASE, WAIVE, DISCHARGE, AND HOLD HARMLESS Lillie Flippen, the property owner at 1003 Hemingway Drive, College Station, TX 77845, and their respective family members, heirs, agents, and representatives (collectively, the "Released Parties") from any and all claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury — including death — sustained by me or my child while participating in or in connection with swim lessons, EVEN IF CAUSED BY THE NEGLIGENCE OF the Released Parties, to the fullest extent permitted by Texas law.
- I agree to INDEMNIFY AND HOLD HARMLESS the Released Parties from any loss, liability, damage, or cost they may incur due to my or my child's participation.
- This Agreement is governed by the laws of the State of Texas. If any portion is held invalid, the remainder shall continue in full force and effect.

I have read this entire Agreement, fully understand its terms, and sign it freely and voluntarily without inducement.

6. Photo & Media Release (optional)

From time to time, Lillie's Swim School may take photos or short videos of lessons for use on its website and social media. Please choose one:

YES — I grant permission for photos/videos for promotional use (no last names will be published).

NO — I do NOT grant permission. Please do not photograph my child for promotional use.

7. Studio Policies

- Payment is due at the time of the lesson (cash, Venmo, or check).
- Cancellations: please give at least 24 hours' notice when possible. Lessons cancelled by the Instructor due to weather or illness will be rescheduled at no charge.
- Swimmers should arrive 5 minutes early in their swimsuit. Please bring a towel, sunscreen, and goggles if available.
- A parent or guardian must remain on the property for swimmers under 8 years old.
- Lillie's Swim School reserves the right to dismiss a swimmer without refund for unsafe behavior or repeated

policy violations.

8. Signatures

PARENT / GUARDIAN SIGNATURE

Sign here

DATE

PARENT / GUARDIAN PRINTED NAME

SWIMMER SIGNATURE (OPTIONAL, AGE 12+)

Sign here

DATE

SWIMMER PRINTED NAME (OPTIONAL)