

**HORIZONS GREATER WASHINGTON  
SWIM WAIVER  
SUMMER 2024**

To Parents/Guardians: Please read the release form below and initial where indicated, and sign, date, and provide your Horizons Greater Washington student's name at the bottom.

\_\_\_\_\_(initial) I give permission for my child/children to participate in swim lessons, swim team, swim competitions and any other swim related activities at Horizons.

\_\_\_\_\_(initial) I understand that I and/or my child/children may be photographed and/or filmed while participating in Horizons programs and that the photographs or video images may appear in marketing or educational materials.

\_\_\_\_\_(initial) I acknowledge and expressly assume all risks and dangers associated with participation in activities, and take full responsibility for any injury, accident, illness, or death, or any loss or damage to personal property that my child/children may suffer, arising in whole or in part from or the participation in those activities.

\_\_\_\_\_(initial) On behalf of myself and my child/children, I waive all claims against Horizons Greater Washington and any of its employees, independent contractors, agents, or assigns along with their supervisors and other affiliates for any injury, accident, illness, or death, or any loss or damage to personal property occurring during or by reason of the activities conducted at the pool \_\_\_\_\_(initial) I agree that my child/children will adhere to Horizons Greater Washington pool rules, policies and procedures or may be asked to discontinue swim lessons if they are unable or unwilling to adhere to those rules, policies or procedures.

I attest that I am the child's parent or legal guardian and authorized to sign this form on behalf of the child.

PARENT/GUARDIAN NAME \_\_\_\_\_

Nature of Relationship to Child (e.g., parent or legal guardian)

\_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE SIGNED \_\_\_\_\_