

# BAYSIDE SPLASH SWIM LESSON INSURANCE WAIVER



Please complete the information below. Submit one form per family. No child may participate until this form has been completed and submitted, and until any outstanding fee balance has been paid.

You can bring the completed waiver to the first day of class, or mail the completed form to:

Bayside Splash Swim Lessons  
PO Box 4053  
Bellingham, WA 98227

*(Note that you can fill out this form electronically, use the button below the form to print a copy of the completed form, and then sign the printed form.)*

Participant: _____	Age: _____	Level: _____
Participant: _____	Age: _____	Level: _____
Participant: _____	Age: _____	Level: _____
Participant: _____	Age: _____	Level: _____
Participant: _____	Age: _____	Level: _____
Address: _____		
Email address: _____		
Phone: _____	Emergency Phone: _____	
<i>I/We, recognizing that no insurance coverage is provided for the above participant(s), will assume financial responsibility for any cost relating to any accident or injury that might occur while participating in the Bayside Splash swimming lessons. Further, I/We will not hold Bayside Swimming Club, Bayside Splash, its employees, instructors, or anyone otherwise involved in the swim lesson program responsible for any accident or injury that may occur.</i>		
Parent/Guardian Signature: _____	Date: _____	
Parent/Guardian Name (please print): _____		
Relationship to participant(s): _____		