**CITY OF ROMAN FOREST WAIVER, RELEASE & POLICIES**

PARTICIPANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the student (or legal guardian/parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) release the City of Roman Forest, city swim instructors and city employees working at the City of Roman Forest pool facilities from any and all claims, demands and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant/undersigned while engaging in swim lessons under the control of instructors/employees of the City of Roman Forest or in route to or from any lessons. I willingly and knowingly assume all risk of physical and emotional upset which may occur during any swim lesson and agree to hold the city and its swim instructors, employees, or volunteers harmless from all liability arising from participation.

The student (or legal guardian/parent) and City of Roman Forest dually release and agree to hold each other harmless from, and waive on behalf of themselves, heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss that may be caused in any way or related in any way to COVID-19.

I understand, agree, and acknowledge that there are risks inherent in sports activities, including swimming, and including any swim class taught by City of Roman Forest. These risks include, but are not limited to, paralyzing injuries, brain injuries, and death. With full understanding of the facts, I state that to the best of my knowledge the participant listed above has no medical, physical, or emotional health conditions that would hinder to prevent their participation in swimming lessons. I also understand that in-water lessons cannot commence unless this form is signed by the participant. (Or legal guardian/parent if under the age of 18)

PARTICIPANT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_/\_\_/2022

LEGAL GUARDIAN NAME (PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_/\_\_/2022