

Lake Mission Viejo Junior Lifeguard

Release of Liability Form

Participant's (Child's) Name _____ Age Group: ELITE AB C

Age at Start of Program _____ Birthday _____

Address _____

Telephone Number _(____) _____

Email Address _____

Additional Email Address _____

Please read carefully before signing.

MEDICAL RELEASE: "I hereby represent that the participant is physically able to participate in the Junior Lifeguard swim test and that the participant has no medical condition that would cause participation in this activity to be potentially hazardous to his or her health. I do hereby give permission for any certified emergency professional or health care professional to administer any type of medical treatment they deem necessary to the above participant in case of an emergency and in the event that I cannot be contacted. I understand that the participant has the ability to leave the program at any time." **Initial: _____**

WAIVER AND PHOTO RELEASE OF LIABILITY: "In consideration of being allowed to participate in the Lake Mission Viejo Junior Lifeguard Program, related events and activities, the undersigned acknowledges, appreciates and willingly agrees that: I do hereby give the Lake Mission Viejo Junior Lifeguard Program, its assigns, licensees, and legal representatives the irrevocable right to use my child's name, picture, portrait, image, video or photograph in all forms and media and in all manners, including composite, for advertising, for publication or any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy, which may be created in connection therewith. FOR PARENTS/GUARDIANS OF PARTICIPANTS UNDER 18 AT TIME OF REGISTRATION: This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release, as provided above, of Lake Mission Viejo Junior Lifeguard Program, and, for myself, my heirs, assigns, and next of kin." **Initial: _____**

WAIVER & RELEASE OF LIABILITY: "I RECOGNIZE THAT SWIMMING AND THE SWIM TEST IS DANGEROUS AND CONTAINS RISK OF PERSONAL INJURY, DEATH, DISABILITY, PROPERTY DAMAGE OR LOSS ("DAMAGES"). I ASSUME ANY AND ALL RISKS associated with my child's participation in the Junior Lifeguard Swim Test, including, but not limited to, strenuous physical activity or exertion; striking or being struck by objects or persons; slipping; and exposure to heat, cold, or

humidity, Such risk may result in injuries that include, but are not limited to, sprain, strain or tear of muscles or ligaments; fracture or dislocation of joints or bones; head or facial injuries; spinal cord or internal injuries; or drowning. I know that the risks, hazards, and dangers include, but are not limited to, falling, slipping, or colliding with other users, staff, or spectators. I understand that these risks, hazards and dangers are further increased when other persons, whether or not of the same level of experience, are present at the same time and using the same facilities. ALL SUCH RISKS ARE KNOWN AND APPRECIATED BY ME. **Initial:** _____

“I HAVE READ, UNDERSTAND, & AGREE TO THE ABOVE MEDICAL RELEASE, PHOTO RELEASE & WAIVER AND RELEASE OF LIABILITY.”

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

***** DO NOT write below. The bottom portion is for staff use only *****

CIRCLE ONE: C / AB / ELITE		
TIMER	SWIM TIME	TREAD

THIS CONSENT SHALL REMAIN IN EFFECT UNTIL DECEMBER 31, 2024