



RICHLAND ONE
ENGAGE • EDUCATE • EMPOWER

Elementary Water Safety & Swimming Instruction
Parent's Permission & Acknowledgement of Risk
Waiver/Release of Liability

As the parent or guardian of the below named student, I give my permission for his/her participation in the Richland County School District One (RCSD1) Elementary Water Safety and Swimming Instruction Program ("Swim Program"). I understand that swimming is a DANGEROUS activity and there are risks involved with participating in the sport to include, but not limited to, paralyzing injuries and death.

I agree to exonerate, indemnify and hold harmless RCSD1, The Swim Lessons Company and Columbia College, their governing bodies, the individual members thereof, and all RCSD1, Swim Lessons Company and Columbia College officers, agents, and employees against any liability resulting from injury that occur to my child while participating in the Swim Program with RCSD1, The Swim Lessons Company and Columbia College.

I also grant permission for treatment of my child that is deemed necessary for a condition and/or medical emergency arising during participation in the Swim Program. The treatment can be administered by any authorized RCSD1, The Swim Lesson Company, and/or Columbia College representative, paramedic or medical doctor. I also understand that I am primarily responsible for all costs associated with the medical care and transportation of my child.

My child is physically fit enough to swim. I have also noted on the bottom of this form, any and all my child's pre-existing medical/health problem(s) that RCSD1, The Swim Lessons Company and Columbia College should be aware of. I also acknowledge that I was advised to discuss this program with my child's physician.

In addition, I give full permission for the use of my name and photographs and/or my child's name and photographs in connection with this program.

My signature below indicates that I have read, and to the best of my knowledge, understand the information contained in this form.

Child's Name: _____ School: _____

Signed: _____ Date: _____
(Parent/Guardian)

Address: _____ Phone: _____

Child's Pre-Existing Medical Problem(s)

Check (✓) all that applies:

- | | |
|----------------------------|---|
| 1. Asthma () | 7. Concussion () |
| 2. Diabetes () | 8. Allergies () – Types: _____ |
| 3. High blood pressure () | 9. Neck (), spine () or back () problems |
| 4. Seizures () | 10. Other: _____ |
| 5. Dizzy spells () | |
| 6. Heart problems () | _____ |