

LMV Lifeguard 500m Swim Test

Sign-up and Release Form

Participant Information: Please Print Clearly

Participant's Name: (last, first)

Parent's Name: (last, first)

Email:

Telephone #:

Address:

City & Zip:

In a 25 yard pool, 22 laps is the equivalent of 500 meters.

(Check) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

DATE	TIME	TIMER	LOCATION

MEDICAL RELEASE: "I hereby represent that the participant is physically able to participate in the 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 I can not be contacted. I understand that the participant has the ability to leave the program at any time."

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 participation in the 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."

"I HAVE READ, UNDERSTAND, & AGREE TO THE ABOVE **MEDICAL RELEASE & WAIVER AND RELEASE OF LIABILITY.**"

SIGNATURE/ GUARDIAN SIGNATURE (If under 18 yrs.):

DATE: