



HARRISON SWIM SCHOOL

PLEASE PRINT CLEARLY

I, being the parent/guardian of _____ (*swimmer's name*)

OR (adult swimmer name) _____ do hereby permit him/her, to participate in **Harrison Swim School** lessons under the instruction of the qualified swim instructors working at 11520 Kanuba Court, Clermont, FL 34715. I release **Harrison Swim School** and Ginny and Jim Harrison from all liability in the event of accident or injury, during **April 1-October 31, 2020**.

Name of Parent _____ Child's Name _____

Address _____ City _____ State _____ Zip _____

Phone: Cell _____ E-mail address _____

I agree to indemnify and hold harmless **Harrison Swim School**, Jim and Ginny Harrison, and assistants, individually and collectively against any and all liability which may be incurred during the use of this facility. I also release the above mentioned and assistants of any liability due to accidents on the grounds of the facility and will not hold them responsible for any losses, accidents or injuries sustained by my children or other members of my family, connected with the use of this facility.

MEDIA RELEASE

I grant to Harrison Swim School, its representatives and employees the right to take photographs of my child/ren in connection with the above-identified subject. I authorize HSS, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that HSS may use such photographs of my child with or without his/her name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I have read and understand the above:

Signature _____

Printed name _____

Date _____