



REMEMBER TO COMPLETE
BACK SIDE OF FORM

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CLIENT INFORMATION FORM

Participant's Name: _____ DATE: _____

Parent's Name (if under 18): _____ Email: _____

Address: _____ City & Zip: _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ Participant's Date of Birth: _____

Any health or medical conditions we should be aware of? List here: _____

Emergency Contact: _____ Phone: _____

How did you hear about Swim Reedsburg? _____

Participant's Name: _____

Guardian/Parent's Name (if under 18): _____

Release of Liability:

In consideration of the opportunity to participate in this program, I release Swim Reedsburg, LLC and any affiliates and employees from liability for any and all loss resulting from damage to myself or my property which may result from participation in this program. I authorize emergency medical treatment for myself by a licensed emergency health care provider. I know this program will be strenuous and may cause injury and/or death. I authorize my name, likeness, biography and performance may be used for publicizing and promoting such broadcasts and other uses of the program. I have read and fully understand this form. I have received my physician's approval to participate in this program (s).

I have read the attached waiver of liability agreement. I realize I am not required to sign the agreement. I freely choose either option A or option B:

A. Pay an extra \$500, and not sign the agreement:

Swim Reedsburg A Date: _____

OR

B. Pay nothing extra, and sign the agreement of my own free will:

B Date: _____