

Bring this signed waiver to class on Day 1.



Assumption of Risk, Release of Liability, and Medical Authorization Form (“AGREEMENT”)

In consideration of being permitted to participate in any way in any CLASSES.VEGAS/CPR SOCIETY/LIFEGUARD SOCIETY (owned by Las Vegas CPR, LLC) activity (“Activity”), I, for myself, my personal representatives, assigns, heirs, and next of kin: ACKNOWLEDGE, agree and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. I FULLY UNDERSTAND that: (a) ATHLETIC ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH (“RISKS”); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE ‘RELEASES’ NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time, and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.
3. I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the CPR SOCIETY/LIFEGUARD SOCIETY, including its parent company, related affiliated and subsidiary companies of each, as well as the officers, directors, agents, employees and assigns of each, and the Activity’s clubs, coaches, officials, administrator, members, volunteers, participants, sponsors, advertisers, and if applicable owners and lessors of premises on which the Activity takes place, and any other party indemnified and held harmless by the CPR SOCIETY/LIFEGUARD SOCIETY (each considered one of the ‘RELEASES’ herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE “RELEASES” OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, NEGLIGENT SECURITY, TRAVEL, AND RECREATIONAL OPERATIONS AND ACTIVITIES; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Release’s, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS BEACH OF THE RELEASES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

PARTICIPANT & PARENTAL CONSENT:

I hereby acknowledge the inherent risks associated with swimming and that such risks include, but are not limited to:

1. Drowning or inhalation of water arising from my being overwhelmed, the actions of others, exhaustion or unconsciousness, or incapacitation through swallowing water, blackout, heart attacks, carotid sinus syncope or stroke;
2. Exposure to or immersion in the water and/or its chemicals;
3. Overuse injuries;
4. Collision with other swimmers, the pool walls or other objects;
5. Failure to follow the pool employees’ instructions or failure to ask for information or assistance;
6. Injuries resulting from the actions or omissions of me or other swimmers; and
7. Near drowning;

I understand that these risks carry with them the possibility of injury or ailment, including, but not limited to ear infections, breathing difficulties, eye irritation and athletes foot, and less likely, although still possible risks of death or injury, included but not limited to, serious neck and spinal injuries, which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of my child’s body, general health, and well-being. .

Despite the inherent risks associated with swimming, some of which are outlined above, I consent to my child’s participation in such activities at the pool. I acknowledge that my child is in good physical condition and that I know of no allergies, physical impairments, disabilities, or other condition or reason that would prevent me from safely participating in swimming activities.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF PARTICIPANT _____ PHONE: _____

PARTICIPANT’S SIGNATURE (only if age 18 or over): _____

PARENT/GUARDIAN NAME & SIGNATURE (if participant under 18): _____

EMERGENCY CONTACT NAME, PHONE, & RELATIONSHIP: _____

Any medical conditions to note (optional): _____