

Parent Name	
Address	
Phone(s)	
Email	

Student Name	
Age	
Level	
Class Time	
Session 1 or 2	

Student Name	
Age	
Level	
Class Time	
Session 1 or 2	

Student Name	
Age	
Level	
Class Time	
Session 1 or 2	

Student Name	
Age	
Level	
Class Time	
Session 1 or 2	

GENERAL RELEASE – MINOR CONSENT FOR MEDICAL TREATMENT

I, _____, as parent/guardian of the above named minor child/children, do hereby consent to his/her participation in Swim Lessons, a voluntary athletic/recreational program or activity offered by the Town of Bolton and Bolton Parks & Recreation Commission in or upon land which is under the care, custody and control of the Town of Bolton and Bolton Parks & Recreation, and do forever release, discharge, indemnify and hold harmless the Town of Bolton and Bolton Parks & Recreation from any and all actions, causes of action, and claims for personal injury(ies) or damages on account of, or in any way arising out of my minor child's participation in the program, which I, as the parent or guardian of the minor child may have now or in the future. I further release, discharge, indemnify and hold harmless the Town of Bolton and Bolton Parks & Recreation from any claims or rights of action for person injury(ies) or damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting from or in any way arising out of his/her participation in the above-referenced voluntary athletic/recreational program or activity.

As parent/guardian of the above-named minor child, in my absence, I hereby authorize the Town to transport the minor child to a hospital or to place him/her in the care of an ambulance attendant(s) for transportation to the hospital and give my consent for emergency medical care by a licensed Doctor of Medicine or Dentistry as may be warranted to preserve the well-being of my child.

Parent/Guardian Signature: _____ Date: _____

☐ Please check this box to confirm you have read and agree to the Refund Policy.

On the back of this form, please let us know if there is any additional information about your child that you think would be important for the Swim Instructor to know.