

**Holton-Arms Open Swim
Liability Waiver Form**

Name_____ DOB (optional)_____

I wish to participate in the Holton-Arms Open Swim Program that provides pool time to parents, alumnae, faculty, and staff for lap swimming. I understand that there are risks inherent in physical activity, exercise, or fitness training programs, and I accept full responsibility for my own health and safety during my participation. I attest that I can swim at least 25 yards and can tread water for 1 minute. I agree that my participation is fully voluntary, and that I will not hold either the Holton-Arms School, any of its employees, whether salaried or under contract, or responsible for any harm that may result from my participation in this program.

Participant Signature_____

The following information is for the Aquatic Director and/or the Wellness Coordinator's and will not be shared with any other party.

Email address_____

Home Address_____

Home Phone_____

Cell Phone_____

Emergency Contact_____

Phone_____