

OAK RIDGE RECREATION AND PARKS DEPARTMENT  
WAIVER FOR PARTICIPATION IN ACTIVITIES

NOTIFICATION OF POTENTIAL INJURY  
Adult and Minor Form

Learn to Swim is a physical activity requiring rapid and strenuous physical movement, and aggressive contact with other participants or equipment can occur as well as internal trauma to various parts of the body. Rules and supervision are utilized to prevent or reduce the likelihood of physical injury. However, injuries, including those to the muscle, skeletal, circulatory, and nervous systems, can occur. Facilities and equipment are not certified to be totally free from flaw, neither are administration and supervision certified to be without flaw. Under certain circumstances, flaws in any of these areas could contribute to a potential injury.

STATEMENTS OF UNDERSTANDING AND ACCEPTANCE OF RISK  
AND RELEASE AND FINANCIAL RESPONSIBILITY AGREEMENT

I fully understand the risk of injury arising from my \_\_\_\_\_  
(name - please print)  
or my child's \_\_\_\_\_ participation in Learn to Swim  
(name) (activity)

and I accept that risk as part of my participation or granting permission for my child's participation. I also agree to accept full financial responsibility for any injury that I or my child may incur as a result of my or his/her participation. I agree to release from and indemnify for any liability, now and hereafter, for any injury I or he/she may incur as a result of participating in Learn to Swim, the City of Oak Ridge, their employees, officers, volunteers, and any other person or organization involved in providing the opportunity to participate in Learn to Swim, as a service to myself and others. I make this agreement on behalf of myself, my heirs, and my estate in return for the services provided.

I grant full permission for organizers to use photographs of me and/or my child and quotations from me in legitimate accounts for promotions of this activity.

I understand that appropriate safety equipment must be worn at all times.

\_\_\_\_\_  
Participant's Signature Date  
(Parent of Guardian if minor)

\_\_\_\_\_  
Participant's Address EMERGENCY PHONE NO. \_\_\_\_\_

HOME PHONE: \_\_\_\_\_