

PASADENA UNIFIED SCHOOL DISTRICT
 Division of Instruction
HEALTH AND SAFETY PARENTAL PERMISSION AND RELEASE FORM

_____ who is in the _____ grade
 at _____ school has my permission to participate in instructional trips (each
 of which you will be informed about and special permission will be requested) on SCHOOL DAYS
 between the hours of 8:30 a.m. and 1:45 p.m.

While every precaution will be taken to insure the health and safety of your child on instructional trips, we
 cannot rule out the possibility of sickness or accident. To be prepared for any contingency that might arise,
 please complete the following information so your child can receive medical help should it be required.

Parent and/or Guardian Name _____
 Address _____ Work/Day Phone No. _____
 Relative and/or Friend's Name _____ Work/Day Phone No. _____
 Home Phone No. _____ Phone No. _____

If your child must take any special medication or must be restricted physically in any way, please make a
 note of this below.

* Does your child know how to swim? _____

_____ Date _____ Parent's Signature _____

PARENTS PLEASE NOTE:

California State Education Code, Section 35330 in part provides:
 "All persons making the field trip are deemed to have waived all claims against the District and its
 employees and the State of California for injury, accident, illness, or death occurring during or by reason of
 the field trip. If the field trip is outside the State of California, all adults participating in the field trip and
 all parents or guardians of pupils taking the out of State field trip are required to sign this statement
 waiving such claims."

Some trips include activities on or around the ocean, streams, lakes, or pools. Do you give permission for
 your child to participate in activities on or around water? _____
 I agree to direct my child to cooperate and conform with directions and instructions of the school district
 personnel in charge of the activity.

Approval Signature of Parent/Guardian _____ Date _____

MEDICAL AUTHORIZATION (to be removed by Supervising teacher)

Should it be necessary for my child to have medical treatment while participating in an
 instructional trip, I hereby give the School District personnel permission to use their judgement in
 obtaining medical service for my child and I give permission to the physician selected by the School
 District personnel to render medical treatment deemed necessary and appropriate by the physician. I
 understand that the School district has no insurance covering such medical or hospital costs incurred for my
 child and, therefore, any cost incurred for such treatment shall be my sole responsibility.

PLEASE CHECK HERE IF SPECIAL INSTRUCTIONS REGARDING MEDICAL TREATMENT
 ARE ON FILE IN THE SCHOOL.

Student's Name _____ Emergency Phone No. _____
 Address _____ Home Phone No. _____
 Business Phone No. _____ Signature of Parent or Guardian _____

WATERWORKS AQUATICS®



WAIVER/RELEASE OF LIABILITY (V.2014)

Please read carefully before signing! This is a release of liability and waiver of certain legal rights.

I, _____, the parent/guardian of the participant and/or the participant agree and understand that swimming is a hazardous activity. I recognize that there are risks inherent in the sport of swimming, including, but not limited to, a risk of slipping on wet decks, orthopedic injuries, brain injuries, paralyzing injuries, drowning and/or death

While Waterworks strives to and has made every reasonable effort to provide a safe swimming environment, I am aware that when lessons are being taught, it is extremely difficult for the instructor and/or lifeguard (if on duty) to supervise all of the children at all times. Therefore, I hereby agree that I will be solely responsible to supervise my child(ren) at all times when they are on the premises whether or not they are in a swim lesson under the supervision of an instructor and hereby assume all of the risk on behalf of me and my children at all times including when my children are in the lessons or in the "playtime" (warm-up or warm-down) pool areas or in the locker rooms or other areas of Waterworks for the safety of my child while on the premises of Waterworks Aquatics.

The parent/guardian of the participant and/or the participant hereby agrees to participate in the Waterworks Aquatics Swim Program and hereby agrees to indemnify, release and hold harmless Aquatic Ventures, LLC and Waterworks Aquatics, its teachers, officers, directors, contractors, agents and employees from and against any liability, damages, claims, actions, injuries, expenses, costs, fees, and other consequences resulting from any injury that may occur to the participant while participating in the Waterworks Aquatics Swim Program.

The parent/guardian of the participant and/or the participant authorizes any authorized representative of Waterworks Aquatics to have the participant treated in any medical emergency during their participation in the Waterworks Aquatics Swim Program. Further, the parent/guardian of the participant and/or the participant agrees to pay any and all costs, fees, expenses and bills associated with medical care and transportation for the participant.

I HAVE CAREFULLY READ THE ABOVE WAIVER/RELEASE OF LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signature of Parent/Legal Guardian/Participant

Date

Print Name

Relationship to Student

Child(s) Name(s)

Emergency Contact

Please list below a person we can contact in case of an emergency other than a parent/guardian

Name

Phone Number

relation