



Jr Wheelchair Sports & Recreation Camp
CHI Immanuel Rehabilitation Institute
6901 North 72 Street
Omaha, NE 68122

Swim Permission Form

PLEASE NOTE: This Parental Permission Agreement must be read and signed by the parent/guardian of each participant under 18 years of age. This form is only applicable for the program, activity and dates identified herein.

Child's Name (print): _____ Age: _____

Date of Birth: ____/____/____ Program my child is with: _____

Program Activity Date(s): _____

My child has my permission to swim at the LMC pool at the Iowa School for the Deaf. YES NO

My child has my permission to swim in the deep end (6+ feet). YES NO

As the parent/legal guardian of this child,

I will be in attendance while my child is at the LMC pool on the ISD campus.

I will **not** be in attendance while my child is at the LMC pool on the ISD campus.

- I understand that my child must pass a swim test (swimming two widths of the pool with ease) in order to swim in the deep end. The swim test will be administered by the lifeguard on duty.
- I understand that my child will be required to comply with all ISD policies and procedures, including the Pool Use Rules, while swimming at the LMC pool. Failure to comply with any of the rules may result in my child being asked to leave the LMC pool.
- I acknowledge that, except for services provided by assigned lifeguards, the Program will be responsible for supervising my child while participating in the activities at the LMC swimming pool. ISD will not be responsible for supervising my child while participating in the activities.
- I acknowledge and appreciate that there are risks inherent in the activity of swimming; including, but not limited to, minor scrapes, strains, and abrasions and significant injuries such as broken bones, concussions and even death.
- I represent that my child does not have any medical or behavioral conditions that would prevent him/her from safely participating in the swim activities at the LMC pool.
- By executing this agreement, I assume all risk of my child's participation in the swimming activity at the LMC swimming pool and forever release the Iowa School for the Deaf, the Board of Regents-State of Iowa, and the State of Iowa from any and all liability for injury, death, negligence, including negligence by a third party, or property loss suffered by myself or my child as a result of my child's participation in the swimming activity.

I have read and understand the above:

Parent/Guardian signature: _____

Date: ____/____/____

Home or Cell #: _____

Work #: _____