

Day Care or Camp Representative: _____

Date: _____

Permission to Participate in Swimming Activities at Guilford County Pools



Child's Name: _____

Parent's Name(s): _____

Address: _____

City, State, Zip: _____

Parent's Work Phone: _____

Home Phone: _____

I understand that my DAYCARE OR SUMMER CAMP: _____ will be

Name of Summer Camp

visiting one of the Guilford County owned pools, Bur-Mil Aquatic Center, Hagan-Stone Aquatic Center and/or Northeast Park Aquatic Center, for Daycare Swim.

Please INITIAL the item that applies to your child:

☐

I give permission for my child to participate in swimming activities at these pools.

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I do not give my permission for my child to participate in any swimming activity at these pools.

I agree to waive all causes of action, claims, damages, demands, expense, liabilities that I and my family may have against Guilford County arising out of any swimming activity. I further agree that in no event shall Guilford County, its managers, officers, or employees be liable for any claim, cause of action, damage, demand, expense, fine, liability, or penalty arising out of any swimming activity. The term "swimming activity" shall mean swimming in the pool, wading in the pool, playing in the pool, diving into the pool, jumping in the pool, playing in the splash pad, as well as any activity occurring on the pool deck and on the pool's property. I further agree to defend, hold harmless and indemnify Guilford County and its managers, officers from any claim, cause of action, damage, demand, expense, fine, liability or penalty arising out of my child's inability to swim.

Parent Name: _____

Parent Signature: _____

Date: _____