

**West Side Montessori
Summer at West Side
Swimming at St. James Waiver/Permission Slip**

Waiver Agreement

*I understand that the sport of swimming involves certain inherent risks. I assume that all safety precautions are taken and in consideration of your accepting this student I hereby, for myself, my heirs, executors, administrators, and assigns, waive and release any and all rights and claims for damage I have against **West Side Montessori**, their agents, representatives, successors, and assigns for any and all injuries and losses suffered by me and mine in connection with the Summer at West Side 2014 Swimming Trips to the St. James Club. I understand that should a health emergency arise, I will be notified. In the event that reasonable attempts to contact me were unsuccessful, I hereby give consent for the administration of any treatment necessary by preferred physician: _____ or in the event that physician is not available, by any other licensed physician, and the transfer of the child to preferred hospital: _____ or any hospital reasonably accessible. This authorization does not cover major surgery.*

Signature of Parent/Guardian

Date

Child's name _____