



Medical History Liability Release

Stroke Doctor Swimming | 245 NE 17th Court, Fort Lauderdale, FL 33305 | 954.629.7724 | StrokeDocSwim.com

Participant Information

Class Site / Facility: _____

Student Name: _____

Address (Street, City, State, Country, Zip): _____

Phone (cell preferred): _____

Email: _____

Date of Birth: _____

Emergency Contact (Name, Phone, Relationship): _____

Medical History

Medical history/health conditions our coaches should be aware of: _____

Liability Release

I, the undersigned participant, intending to be legally bound hereby certify that I am physically fit and have not been informed otherwise by a physician. I acknowledge that I am aware of all risks inherent in swimming, including possible permanent disability and death, and agree to assume all risks. As a condition of my participation in the Stroke Doctor Swimming & Total Immersion Swimming program or any activities thereto, I hereby waive and release Stroke Doctor Swimming, Total Immersion Swimming, its officers, agents and employees, host facilities or any individuals supervising the program from any and all rights and claims for losses or damages of any kind arising directly or indirectly from my participation, including but not limited to all claims for injury, loss or damages caused by the negligence whether active or passive in nature.

Date: _____

Signature: _____

Print Name: _____

Parent / Guardian signature if under 18 yrs of age: _____