



Full Name:

Email: Contact Number:

Address:

Medical Conditions *(please indicate any medical conditions that coaches should be aware of)*:

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Swimming lessons: Learn to Swim Stroke Correction Ocean Swim

Indemnity Declaration:

I declare that I do not have any fitness, medical or physical conditions that would affect my participation in the activity, *(e.g. please advise instructor of asthma, previous broken bones, dislocated joints, diabetes, allergic reactions, wear contact lenses/hearing aids, any disabilities, etc.)*.

I will at all times comply with the instructions and safety procedures provided by GoodSwim. I understand and acknowledge that ocean activities are dangerous and waves/ocean can act in a sudden and unpredictable (changeable) ways so there are inherent risks which may result in serious injury to myself.

I and/or my dependent wish to participate in a swimming and/or surfing activity with GoodSwim as indicated on this registration form. I understand that GoodSwim will take all possible care but will not be held liable for injury that my dependent or myself may sustain to our person or our property. I acknowledge this activity is conducted in an environment controlled by natural elements and therefore I and my dependent will abide by all safety instructions.

I have read, understood, acknowledge and agree to the above declaration including the warning, release and indemnity.

Signed: Date:...../...../.....

Where the applicant is under 18 years of age this form must also be signed by the applicant's parent or legal guardian.

I,..... am the parent or guardian of the applicant. I expressly agree to be responsible for the applicant's behaviour and agree to personally accept the conditions set out in this application and declaration including the provision by me of a release and indemnity in the terms set out above.

Parent's signature: Date:/...../.....

Emergency Contact Name: Contact Number: