

**PARTY PERMISSION SLIP**  
**ACKNOWLEDGMENT OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION**

As parent or legal guardian of \_\_\_\_\_, I voluntarily consent to the aforementioned child(ren) taking part in all activities relating to swimming pool usage and party celebration at Saf-T-Swim, Inc.; Diaper Divers, Inc. d/b/a Saf-T-Swim; Fit Kids, Inc. d/b/a Saf-T-Swim; Saf-T-Swim of East Northport, Inc.; Saf-T-Swim of East Meadow, Inc.; Saf-T-Swim of Westbury, Inc.; Managers' Big Break, Inc. d/b/a Saf-T-Swim of Riverhead; Managers' Big Break II, Inc. d/b/a Saf-T-Swim of Smithtown; Managers' Big Break III, LLC d/b/a Saf-T-Swim of Oceanside; Managers' Big Break IV, LLC d/b/a Saf-T-Swim of Bellmore; Saf-T-Swim of Levittown, LLC; Managers Big Break V, LLC d/b/a Saf-T-Swim of New Hyde Park; and, I accept all risks associated with such participation. I fully understand the risks involved while taking part in activities related to being in or around a swimming pool and party participation at a facility where others are present. I acknowledge that these risks include, without limitation, the possibility of bodily injury, paralysis or death. In addition, I acknowledge that swimming or any activity in or around water can result in drowning.

In consideration for allowing my child(ren) to use these facilities, I, on my own behalf and that of my child(ren) and our respective heirs, administrators, executors and successors, hereby forever release and covenant to indemnify and hold harmless any and all entities of Saf-T-Swim, as mentioned above, their officers, directors, employees and other individuals associated with their operations from all liability for any and all damages and injuries suffered by my child(ren) from participation in the aforesaid course of swimming and any time spent celebrating, playing and having refreshments while under the instruction, supervision or control of Saf-T-Swim or any affiliates **including but not limited to any and all claims resulting from, or arising out of, or alleging liability for negligence. Additionally, no insurance company shall have the right of subrogation against Saf-T-Swim, its affiliates or its employees referred to above.** Furthermore, I hereby agree to individually provide for all possible future medical expenses, which may be incurred by my child(ren) as a result of any injury or illness sustained while participating at any facility of Saf-T-Swim, Inc. or said affiliates.

I have read and understand this Acknowledgment of Risk and Waiver of Liability and Medical Authorization, and I voluntarily affix my name in agreement.

Medical Comments: \_\_\_\_\_

Participant(s) Name: \_\_\_\_\_

Parent/Legal Guardian Print & Sign: \_\_\_\_\_

Full Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

**YOUR CHILD WILL NOT BE ALLOWED TO ATTEND THE PARTY WITHOUT A SIGNED WAIVER FROM A PARENT OR LEGAL GUARDIAN.**

