

Informed Consent and Release of Liability

Cincinnati Aquatic Training Services (C.A.T.S.)

The following MUST be completed and signed in order to participate in any C.A.T.S. class or program

- 1) I certify that I am/my child is able to participate fully in the class. In case of voluntary withdrawal, I understand that there will be no refund of class tuition or fees. (INITIALS _____)

- 2) In consideration of being allowed to participate in the activities and programs required to complete the required curriculum and to use the necessary facilities, equipment and machinery (if applicable), I do hereby waive, release and forever discharge, and indemnify and hold harmless C.A.T.S. and its officers, employees, representative, and all others from any and all responsibility or liability for injuries or damages, except those caused by a grossly negligent act or omission of any of the foregoing persons or entities arising out of or resulting from or in connection with my/my child's use of the facilities and equipment or my/my child's participation in any C.A.T.S. classes or programs. (INITIALS _____)

- 3) I understand that participation in the C.A.T.S. programs and the use of the necessary facilities and equipment is potentially hazardous. I understand that fitness activities involve risk of injury and even death and that I am/my child is voluntarily participating in the programs and using the facilities and equipment with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. (INITIALS _____)

- 4) I have been honest with C.A.T.S. about my/my child's physical abilities and skills and understand that C.A.T.S. is relying on what I have said. (INITIALS _____)

- 5) I understand that the facilities and equipment and programs may not be advisable for certain individuals, including but not limited to elderly persons, pregnant women, persons suffering from heart disease, diabetes, high or low blood pressure and other conditions and illnesses and persons taking medications. I hereby acknowledge that I have been advised to seek advice from a physician regarding my/my child's participation in C.A.T.S. programs or in the use of the necessary facilities and equipment. I also acknowledge that it has been recommended that I have/my child has a yearly or more frequent physical examination and consultation with a physician as to my/my child's physical ability to participate in C.A.T.S. classes and to effectively perform the tasks and skills required. I acknowledge that I have/my child has either had a physical examination and that I have/my child has been given permission by a physician to participate or that I/my child will be participating in the C.A.T.S. programs or classes and/or using the necessary facilities and equipment without the approval of a physician and do hereby assume all responsibility for my/my child's participation in the programs or classes and/or my/my child's use of the necessary facilities and equipment. (INITIALS _____)

- 6) As part of the overall C.A.T.S. program, participants are occasionally photographed or videotaped by the C.A.T.S. staff. If initialed, you hereby grant permission and approval that you or your child may be photographed or videotaped by the C.A.T.S. staff and also that the participant's likeness may be used by C.A.T.S. in any C.A.T.S. publications, materials, advertisements, website, social media and programs. (INITIALS _____)

- 7) By signing below, I authorize Cincinnati Aquatic Training Services to provide medical care and seek advanced medical care for me/my child should the need arise. I also authorize C.A.T.S. to transport me/my child for the purpose of providing medical care if necessary, at the discretion of the C.A.T.S. representative or medical personnel. (INITIALS _____)

- 8) I confirm that I have read and understand the Cincinnati Aquatic Training Services Administrative Policies and Procedures which are available on the C.A.T.S. website. (INITIALS _____)

Participant's Name

Date

Signature of Participant or Parent/Guardian

Date