

ISR Kids, LLC  
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850-212-5301



## INFANT SWIMMING RESOURCE WAIVER OF LIABILITY

**Before enrolling your child/children into the Infant Swimming Resource Program both parents must read and sign.**

1. I agree to read chapter 1 through 4 of the Parent Resource Guide before participating in the ISR lessons. I agree to complete the B.U.D.S. sheet **prior to each lesson**, for review by the instructor, Mon-Fri. I understand that this is an insurance requirement for the instructor. I further understand that I must fulfill this obligation (B.U.D.S. form completion) in order to ensure my child's safety in lessons. I further agree that I will not feed my child any food or give my child anything to drink 2 hours prior to their scheduled lesson.
2. I agree to hold the instructor (**Patty Thompson**) and property owner(s) (**Patricia and Robert Thompson**) harmless from any liability resulting from the use of the premises offered for lessons. I agree to be solely responsible for the care of my child while out of the water and responsible for the care of any child I have brought to the pool with me. I do understand my instructor carries Liability Insurance through the Infant Swimming Resource program and that my child will be insured from any accidents that may occur **during** swim lessons.
3. I understand that I am required to pay the instructor \$75.00 per week/per child for each week of lessons. I understand that lessons may be discontinued in the event of non-payment after Wednesday for the week in question. I also agree to pay a \$20 late fee for missed payments and further authorize the instructor, at my expense, to take necessary legal action for collection after 6 weeks. I agree to pay for any returned checks and/or related bank fees for returned checks.

**I HAVE READ THESE RULES AND I ACCEPT AND AGREE TO FOLLOW THEM. I ALSO ACKNOWLEDGE THAT THIS IS A BINDING CONTRACT.  
(Both parents sign & date please)**

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**PARENTS' SIGNATURE**

**PRINT NAME**

**Date**

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**PARENTS' SIGNATURE**

**PRINT NAME**

**Date**