



Permission to Participate in Swimming Activities at Guilford County Pools

Child's Name: _____ Parent's Name(s): _____

Address: _____ City, State, Zip: _____

Parent's Work Phone: _____ Home Phone: _____

Other Phone: _____

I understand that my daycare or summer camp CAMP BUR-MIL will be visiting one of the Guilford County owned pools, Bur-Mil Family Aquatic Center and/or Northeast Park Aquatic Center, for Daycare Swim.

Please initial the items that apply to your child:

_____ I give permission for my child to participate in swimming activities at these parks.

_____ I give my permission for my child's swimming ability to be tested to determine if they can swim in the deep end of the pool. A swim test will consist of the child swimming the width of the deep end and back successfully.

_____ I do not give my permission for a swim test. I prefer that my child stay in the shallow end of the pool or play in the splash pad.

_____ I do not give my permission for my child to participate in any swimming activity at these pools.

Guilford County contracts with Pool Professionals to employ and manage the lifeguards and pool managers. I agree to waive all causes of action, claims, damages, demands, expense, liabilities that I and my family may have against Guilford County arising out of any swimming activity. I further agree that in no event shall Guilford County, its managers, officers, or employees be liable for any claim, cause of action, damage, demand, expense, fine, liability, or penalty arising out of any swimming activity. The term "swimming activity" shall mean swimming in the pool, wading in the pool, playing in the pool, diving into the pool, jumping in the pool, playing in the splash pad, as well as any activity occurring on the pool deck and on the pool's property. I further agree to defend, hold harmless and indemnify Guilford County and its managers, officers from any claim, cause of action, damage, demand, expense, fine, liability or penalty arising out of my child's inability to swim.

Print Name: _____ Parent Signature: _____

Date: _____