

SWIMMING PROGRAM RELEASE FORM

Start Date of Requested Swim Class _____ Class Time of day _____

Child or Children's Name: _____

I, _____, who resides at
(Parent or Legal Guardian)

(Physical Address) (City) (County)

Tennessee, for and in sole consideration of the City of Clinton, Tennessee and its
Recreation Department, as a participant in the (activity) Swimming Programs

do hereby release, and forever discharge the City of Clinton, Tennessee, it's
Recreation Department, it's employees and agents, of any and all claims, demands,
rights, and causes of action of whatsoever kind and nature arising from and by
reason of any and all known and unknown, foreseen and unforeseen, bodily and
personal injuries, and the consequences thereof resulting from my participation in
the activity conducted through the Recreation Department, of the City of Clinton,
Tennessee.

I do hereby individually further covenant with the said City that I and my heirs,
executors, assigns and transferees, will never at any future time sue the said City for or on
account of any claim for damages arising out of my participation in the activity.

This the _____ day of _____, 20 _____

(Signature)

(Phone Number)

I have been informed of and understand the City of Clinton's policy of a \$20.00 fee on all
checks returned for insufficient funds. _____

(Initial)