

City of Menahga, Minnesota  
Swimming Lesson Waiver and Release

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Parent/Guardian Name (if under 18): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please read carefully before signing.**

1. I, the undersigned participant and/or parent guardian of the participant, acknowledge and understand that participation in swimming lessons involves certain inherent risks, including but not limited to drowning, slips and falls, and other water-related injuries. I voluntarily assume full responsibility for any risk of injury, illness, or death arising from participation in this program with the City of Menahga, Minnesota (the "City") in Swimming Lessons (the "Activity").
2. My participation in the Activity is voluntary. I certify that the participant is physically fit to participate in swimming lessons and has no known medical conditions that would prevent safe participation.
3. I understand and agree that neither the City nor any person acting on behalf of the City, may be held liable in any way for any event which occurs in connection with this Activity which may result in harm, death, injury or other damage to me. This waiver of liability does not waive liability for any injuries that I obtain as the result of willful, wanton or intentional misconduct by the City or any person acting on behalf of the City.
4. I agree to defend, indemnify and hold harmless the City for any expense or liability the City may incur as a result of my conduct, actions or omissions while performing the Activity.
5. I have read the above and understand the legal significance of signing this document.

\_\_\_\_\_  
Name (Participant)

\_\_\_\_\_  
Signature (Participant)

\_\_\_\_\_  
Name (Parent/Guardian)

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
Date