

**Florida Southern College  
Nina B. Hollis Wellness Center**

Waiver for Swimming Lessons

***Welcome to the Florida Southern College Nina B. Hollis Wellness Center. We request your understanding and cooperation in maintaining both your safety and health by reading and signing the following consent agreement.***

This is to certify that \_\_\_\_\_ is in good health and in  
(Participant)  
soundness of body that warrants his/her/their usage of the Florida Southern College Hollis Wellness Center facilities, activities, programs and services as outlined by the Pool/Facility rules and regulations. Also, I certify that said participant(s) has no known recent exposure to a contagious disease and had no operation or serious illness, which would restrict his/her/their usage.

I understand that any activity initiated at this facility may create physical stress and subsequent harmful effects. I understand that it is solely my responsibility of the facility to require me to consult a physician prior to commencing in any exercise program, to remain under medical supervision if that is indicated, and to seek any follow-up medical assistance following the event of an injury. I understand that the use of the facility, activities and any use of its equipment entails some risk of accidental injury to myself and others, and I agree that I will use such equipment and facilities with due care.

I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, or any other symptoms that I or my child/children may suffer during and immediately after his/her/their participation. I understand that I may stop or delay my or his/her/their participation in any activity or procedure if I so desire and that I/he/she/they may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response.

Included in this agreement, I promise to abide by all Rules and Regulations of the facility. I understand that any breach of these guidelines may result in the loss of the privilege of facility use.

I do hereby waive, release and forever discharge the facility and its employees from any and all claims, suits, losses, or related causes of action from damages, including but not limited to, such claims that may result from my/his/her/their injury or death, accidental or otherwise, during arising from my/his/her/their participation.

I have had the opportunity to ask questions (by e-mail, by phone, or in person). Any questions I have asked have been answered to my complete satisfaction. I subjectively understand the risks of my or my child/children's participation in this activity, and knowing and appreciating these risks I voluntarily choose to have myself or my child/children participate.

---

SIGNATURE (if under 18 and a non-student need PARENT OR GUARDIAN SIGNATURE)

DATE

---

STAFF SIGNATURE

DATE

**Florida Southern College  
Nina B. Hollis Wellness Center**

**Covid-19 Coronavirus Waiver for Swimming Lessons**

***Welcome to the Florida Southern College Nina B. Hollis Wellness Center. We request your understanding and cooperation in maintaining both your safety and health by reading and signing the following Covid-19 consent agreement.***

This waiver, which is in addition to the general consent agreement, releases Florida Southern College Hollis Wellness Center directors, instructors, lifeguards, and employees from any liability should my child/ and or I, my spouse, legal guardian accompanying the child/children during swim lessons contract COVID-19 Coronavirus or other related illnesses during the swim lessons conducted throughout the summer of 2021.

I \_\_\_\_\_), members of my household, and my child/

(Participant)

children participating in lessons do hereby affirm and state: in the past 14 days have not had: a fever/chills, cough, shortness of breath/difficulty breathing, fatigue, body/muscle ache, headache, sore throat, loss of smell/taste, congestion/runny nose, nausea or vomiting, or diarrhea, or any other symptoms known to be indicative of COVID-19 Coronavirus or related illnesses; in the past 14 days have not had contact with a confirmed COVID-19 Coronavirus patient nor received a positive test result/diagnosis of COVID-19 Coronavirus. If any of these symptoms arise in my household, I will notify Florida Southern College Hollis Wellness Center Swimming Lessons and not participate in lessons to ensure the safety of our instructors and swimmers.

By signing this waiver below, I agree to hold Florida Southern College Hollis Wellness Center harmless and entirely free from any liability whatsoever, including financial or psychological harm, in the event that I, my child/children contract the COVID-19 Coronavirus or a related illness. Further, this waiver additionally applies to my spouse, and any other legal guardian accompanying my child/children to the lessons referred to above.

If any Covid-19 Coronavirus symptoms, Covid-19 Coronavirus positive test result, or Covid-19 Coronavirus exposure inhibit my ability to participate in Florida Southern College Swimming Lessons and I notify Florida Southern College Hollis Wellness Center no fewer than 72 hours prior to day one of the registered session, I will receive a full monetary refund of \$100 (\$80 for Florida Southern College staff/faculty).

\_\_\_\_\_  
(Initial)

---

SIGNATURE (if under 18 and a non-student need PARENT OR GUARDIAN SIGNATURE)

DATE

---

STAFF SIGNATURE

DATE