

## P.O. Box 620791 Little Neck, NY 11362

| I,, the undersign   | ned, in consideration of participating in the Learn to Swim  |
|---|--|
| Program do hereby release, discharge, inde<br>affiliates, subsidiaries, officers, agents and o<br>whatever kind and nature, including but no<br>from, or in any way connected to, the unde  | emnify and hold harmless FMF and BCNY, and any of its employees, from all claims, demands, action, or liability of it limited to bodily injury, death or property damage arising ersigned's use, operation, or participation in such activities. |
| This also includes all costs, losses or expenses in connection therewith arising from, or by reason of, any property damage arising out of any accident or occurrence during, or in connection with, said use. I acknowledge that I have read and fully understand all of the foregoing, and that no officer, agent, or employee of FMF and BCNY is authorized to vary the terms or provisions of this instrument, or make any representation contrary to the provisions hereof. I assume complete responsibility for all risks and for injuries, death and/or property damage that may occur as a result of those risks, even if such injuries, death or property damage occurs in a manner that is not foreseeable at the time I sign this release. I make these representations with the full understanding that you are relying on these representations. |  |
| •   | other circumstances that may affect my ability to participate ot consumed any alcoholic beverages or illegal substances Program.   |
| · · · · · · · · · · · · · · · · · · ·   | t shall be binding upon the heirs, executors or administrators d the foregoing and am responsible for my actions. erI certify that I am a Minor under 18 years of age.   |
| Print Name  | Print Name of Minor  |
|   |  |
| Signature   | Print Name of Parent/ Guardian   |
| <br>Date  | Signature of Parent/ Guardian  |