



## SWIM TEST AUTHORIZATION (one per family)

Sponsor's Last Name: \_\_\_\_\_ Sponsor's First Name: \_\_\_\_\_

Branch: \_\_\_\_\_ Unit/Org: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Sponsor's Phone: \_\_\_\_\_ Spouse's Phone: \_\_\_\_\_

Emergency Point of Contact & Phone: \_\_\_\_\_

| Swimmer's Last Name | Swimmer's First Name | Medical Concerns | Today's Date | Staff Name | 11 - 15? | 10 & Under? |
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**PARENT/SPONSOR/GUARDIAN MUST STAY AWAY FROM THE POOL & YOUR CHILD/SWIM TESTER WHILE SWIM TEST IS ON-GOING.**

**\*\*PLEASE READ & SIGN BELOW\*\***



I, Sponsor/Legal Guardian, authorize the 51<sup>st</sup> Support Squadron's pool personnel to test the above named person (or person's) swimming abilities. I understand that once he/she/they pass the swim test, he/she/ they will be allowed to swim at the aquatic facility according to the guidelines and regulations. This swim test must be retaken annually, on or after the first day of the year. If the lifeguard staff believes that the child's swimming abilities have diminished beyond the minimum required level, they may be asked to retest again. Power of Attorney Policy: In order for a person to register a participant(s) that is not legally their own dependent, that person must show a Power of Attorney annotating the participant(s) name, signed by the parent/ legal guardian.

- Medical Care Authorization: I hereby authorize the above named participant(s) to receive emergency medical treatment whenever deemed necessary at any US Military or any other medical facility when a US Medical Facility is not available.
- In consideration for receiving permission to participate in this test, program, class, or event, I shall indemnify, waive, release, and forever discharge the U.S. Government, the U.S. Air Force, 51<sup>st</sup> Support Squadron (FSS), and all sponsors, medical support and any other individuals or entities connected in any way with this test, program, class, or event from any and all claims for damages, death, personal injury or property damage and/or litigation costs/attorneys' fees, arising from or contributing to, in whole or in part, by any act, omission, fault or mistake of the above-named persons or entities and their employees or agents, resulting from my participation in this test, program, class, or event. I verify that I have full knowledge of the rigors of this test, program, class, or event and the risks involved in participation, including but not limited to trip and fall, loss of orientation, exhaustion, dehydration, hyponatremia, fatigue, over-exertion, sun or heat stroke, cold injuries, hypothermia, drowning (if a water program, class, or event), and any other injuries related to this test, program, class, or event. I assert that the above named are physically fit and have sufficiently trained to complete this test, program, class, or event. I realize medical support for this program, class, or event will consist primarily of first-aid type assistance, perhaps by volunteer laypersons. This waiver and release shall be binding on my heirs and assigns and shall run in favor of the below-named persons or entities and any individuals in any way connected with this test, program, class, or event.
- I agree to abide by all decisions of 51 FSS and its designated officials. I have read and understand the contents of this Liability & Publicity Release.

#### IMPORTANT NOTES:

1. Anyone under the age of 16 that does not pass the swim tests must remain within arm's reach or 2 steps of an adult or designated guardian (18 or older) and the adult or designated guardian (18 or older) must be in the water whenever the child is in the water.
2. If your child ages 11 – 15 passes the swim test, they may come to the pool unattended, provided they bring their U.S. ID Card to the pool. However; the child must have telephonic and periodic access to a parent/legal guardian. They may not supervise other children under age 10 regardless if they have passed the swim test or not.
3. A child 10 and under that passes the swim test may swim freely in all pool areas; however, the adult/legal guardian must remain in the facility.

Sponsor/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_