



SWIMMER APPLICATION

SPECIALIZED WATER INTEREST MOVEMENT, INC.
36 Morristown Road, Bernardsville, NJ 07924 • (908)766-6085

Name: (please print) Date:
Marital Status:
Address: Phone:
City: Zip Code:
Mobility: Good Cane Crutches Walker Wheelchair
Person to contact in case of emergency:
Address: Phone:
Email address: Mobile Phone:

RELEASE FORM FOR SWIM, INC. PROGRAM

"In consideration of your acceptance of this application and of the provision to me of aquatic exercise and other important services by SWIM, Inc., its officers, directors, volunteers and agents, I hereby waive, release, remise, and discharge on behalf of myself, my heirs, my executors, and my administrators all claims for damages and otherwise that I may come to have against SWIM, Inc., its officers, directors, volunteers, and agents, and/or any entity or individual providing facilities and services to SWIM, Inc., for the conduct of its programs, by reason of any damage, injury, illness or death that I may suffer or come to suffer as result of participating in any SWIM, Inc. program."
"I understand that as a result of the disabilities from which I suffer, SWIM, Inc., its officers, directors, volunteers, and agents would not permit me to participate in SWIM, Inc. programs or use SWIM, Inc. facilities, except for my assumption of all risks of participating in programs conducted or sponsored

by SWIM., Inc., and of using the facilities being provided by SWIM, Inc., or being made available to SWIM, Inc. for its programs."

I understand that my picture may be used for marketing purposes.

Read, understood, and agreed:

Swimmer Signature
Please give this form to your Chapter Coordinator.

MEDICAL AUTHORIZATION

Please Print

1. Full Name of Diagnosis:
2. Does above have your permission to participate in S.W.I.M. Inc. aquatic exercise program? Yes No
3. Any restrictions necessary? Yes (what) No
4. Comments
Doctor Signature: Phone:
Address: Date:

Coordinator Comments:
SWIM, Inc. Representative accepting application:
CHAPTER:

A signed copy of this form is necessary for your admission to chapter sessions in other pools.
Aquatic Exercise Programs for Adults with Mobility Impairments