

CHILDREN OF THE SOUND SWIM & PLAY



Child's Name _____ Date of Birth: _____
Home Address: _____ Home Phone: _____
Mother's Name: _____ Father's Name: _____
Mobile Phone: _____ Mobile Phone: _____
Email Address: _____ Emergency Contact: _____
Allergies or Other Medical Conditions: _____

I, the parent/guardian of the participant and/or the participant agree and understand that attending any activities at Children of the Sound LLC and INC and Swim & Play LLC and INC in Connecticut and Tennessee facilities during any Program, my child/me will be involved in activities including, but not limited to, swimming, indoor and outdoor games, birthdays playgroups, art activities, and numerous other physical activities, any of which may result in injury or illness.

I hereby release and indemnify Children of the Sound, LLC, Children of the Sound Wallingford, LLC ("Gaurvi Hospitality") ("Children of the Sound Swim & Play"), Children of the Sound Tennessee, LLC, Marriott International, SpringHill Suites by Marriott Nashville Vanderbilt West End, Residence Inn by Marriott Vanderbilt West End, SpringHill SMC, LLC, Residence Inn by Marriott LLC, Ace Hospitality, Inc., Sage Hospitality Inc., its owners, officers, employees, volunteers and agents from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, that may be sustained by the child attending any program at Children of the Sound, LLC, Children of the Sound Wallingford, LLC ("Gaurvi Hospitality")("Children of the Sound Swim & Play"), Children of the Sound Tennessee, LLC, or at any facility utilized by at Children of the Sound, LLC, Children of the Sound Wallingford, LLC ("Children of the Sound Swim & Play"), Children of the Sound Tennessee, LLC, to a program.

I give permission for my child to be given any necessary first aid procedures by the personal of all the entities mentioned above in the event of an accident, illness or personal emergency. I give permission for my child to be transported, if necessary, by a local emergency vehicle (ambulance, fire or police), taken to any appropriate medical facility and to receive medical treatment at that facility. I understand every effort will be made to contact the parents/guardians immediately in an emergency. If unable to do so, I grant persons associated with this entities the power to determine what medical treatment is reasonably necessary. I know that any expenses incurred through transportation and medical treatments are the responsibility of the parents / guardians of the child.

I hereby grant to the entities mentioned above the right to photograph my dependent and use the photo or other digital reproduction for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

I agree to read, understand and adhere to the at Children of the Sound, LLC, Children of the Sound Wallingford, LLC ("Children of the Sound Swim & Play"), Children of the Sound Tennessee, LLC, policies and procedures, including at Children of the Sound, LLC, Children of the Sound Wallingford, LLC ("Children of the Sound Swim & Play"), Children of the Sound Tennessee, LLC agreements with parents, as outlined in our Policies and Procedures, as may be amended.

By signing this waiver, I am promising that I have read and agreed to the contents of the waiver.

Parent/Guardian Signature: _____ Date: _____ Print Name: _____