



**www.discoveraquatics.com**  
**celebrations@discoveraquatics.com**

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**\*\*\* ATTENTION PARENTS \*\*\***

- Please be sure to bring swimsuits, towels, swim diapers (if child is not potty trained) and the signed waiver.
- Adults are welcome to join the children in the pool.
- An adult must accompany non-swimmers in the pool.
- Please do not eat 20 minutes prior to getting into the pool.
- The temperature in the pool area is very warm, so consider dressing in short-sleeved shirts if you plan on watching from the pool deck.
- Please do not arrive earlier than 5 minutes prior to party time.

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**\*\*\* SCHEDULE OF PARTY \*\*\***

Swim for 1 hr 15 minutes  
 Dry off & change  
 Party room for cupcakes & presents

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**\*\*\* DRIVING DIRECTIONS \*\*\***

From I-5 take US - 101  
 Take Evergreen State College Exit  
 Towards Mud Bay Road  
 Turn Left on Mud Bay Road  
 Turn Right onto Delphi Road  
 Discover Aquatics is on the Right

## Waiver / Release of Liability

Please read carefully before signing. This is a release of liability and waiver of certain legal rights.

I, \_\_\_\_\_, the parent/guardian of the participant(s) and/or enrolled participant(s), agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to paralyzing injuries and death.

The participant(s) hereby agrees to participate in the water activities and hereby agrees to indemnify and hold harmless Discover Aquatics, its coaches, instructors, directors, agents and employees against any liability resulting from any injury that may occur to the participant(s) while participating in swim lessons, open swim, lap swimming, water fitness, private party, or other activities at Discover Aquatics. The participant(s) also agrees to indemnify Discover Aquatics for any damages incurred arising from any claims, demand, action or cause of action by the participant(s).

The participant(s) authorizes any representative of Discover Aquatics to have the participant treated in any medical emergency during their participation in any activity while at Discover Aquatics. Further, the participant(s) and /or parent/guardian agree to pay all costs associated with medical care and transportation for the participant.

I have noted below any medical/health problems of which the staff should be aware.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE, AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant or Parent/Guardian)

Participants: \_\_\_\_\_ Age: \_\_\_\_\_  
 \_\_\_\_\_ Age: \_\_\_\_\_  
 \_\_\_\_\_ Age: \_\_\_\_\_  
 \_\_\_\_\_ Age: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

