**Pool Birthday Party Consent Form**

**Event Details:**

* **Event Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Event Time:** 1pm-3pm
* **Event Location:** 40 Fairbank Road, Sudbury, MA, 01776 (Atkinson Pool)
* **Celebrating Child:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Information:**

* **Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Age:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Parent/Guardian Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Parent/Guardian Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Emergency Contact Name and Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pool Safety Acknowledgment:**

By signing this consent form, I, the undersigned, acknowledge that:

1. My child is in good health and able to participate in swimming and related activities.
2. I understand that swimming can be an inherently dangerous activity and that there are potential risks, including but not limited to drowning, slips, and falls.
3. I will ensure that my child follows all pool rules and safety guidelines provided by the event host.
4. I will ensure my child is supervised at all times and will comply with any instructions given by the event staff.
5. Any swimmers who are unable to pass the swim test **MUST** wear a life jacket.
6. Parties may need to be canceled or postponed in the event of severe weather.

**Medical Consent:**

In the event that my child requires medical attention during the party, I grant permission for the event host or emergency personnel to provide medical care or transport to the nearest medical facility, if necessary. I will be responsible for all medical costs that may arise.

**Release of Liability:**

I, the undersigned, release the event host, organizers, and any volunteers from any liability in the event of injury, accident, or illness resulting from participation in the pool party. I understand that my child’s participation is voluntary, and I am assuming all risks associated with the event.

**Photo/Video Release:**

I grant permission for photos or videos of my child to be taken during the event and used for promotional purposes, including but not limited to social media or event-related marketing. If I do not want my child’s image to be used, I will inform the host in writing prior to the event.

**Acknowledgment and Agreement:**

By signing below, I acknowledge that I have read and understood the contents of this consent form, and I agree to the terms outlined above.

**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_