

WRITTEN PERMISSION FOR A LICENSED MASSAGE THERAPIST OR OTHER CERTIFIED PROFESSIONAL OR HEALTH CARE PROVIDER TO TREAT A MINOR ATHLETE

Life Time Swim Team New York



I, _____, _____, legal guardian of _____, a minor athlete, give express written permission, and grant an exception to the Minor Athlete Abuse Prevention Policy for _____ (massage therapist or other certified professional) to provide a massage, rubdown and/or athletic training modality on _____ (minor athlete) on _____ (date) at _____ (location). The massage, rubdown or athletic training modality must be done with at least one other adult present in the room and must never be done with only _____ (minor athlete) and _____ (massage therapist or other certified professional) in the room. I acknowledge that I have the right to observe the massage, rubdown or athletic training modality. I further acknowledge that this written permission is valid only for the dates and location specified herein.

Legal Guardian Signature: _____

Date: _____

**WRITTEN PERMISSION FOR AN UNRELATED APPLICABLE ADULT TO PROVIDE LOCAL
TRANSPORTATION TO MINOR ATHLETE**



I, _____, legal guardian of _____,
a minor athlete, give express written permission, and grant an exception to the Minor Athlete
Abuse Prevention Policy for _____, an unrelated Applicable Adult to
provide local vehicle transportation to _____ (minor athlete)
to _____ (destination) on _____ (date(s))
at _____ (approximate time), and further acknowledge that this written permission is valid
only for the transportation on the specified date and to the specified location.

Legal Guardian Signature: _____

Date: _____

**PERMISSION FOR AN UNRELATED ADULT ATHLETE TO SHARE THE SAME HOTEL,
SLEEPING ARRANGEMENT OR OVERNIGHT LODGING LOCATION WITH MINOR
ATHLETE**

Life Time Swim Team New York



I, _____, legal guardian of _____,
a minor athlete, give express written permission, and grant an exception to the Minor Athlete
Abuse Prevention Policy for _____ (minor athlete), to stay in the same
hotel room of, or share a sleeping arrangement or other overnight lodging location
with _____ (unrelated adult athlete)
at _____ (location of hotel room or other overnight lodging location)
from _____ to _____ (dates of applicable rooming arrangement).
I further acknowledge that this written permission is valid only for the dates and location
specified herein.

Legal Guardian Signature: _____

Date: _____



PARENTAL CONSENT FOR TRAVEL, CHAPERONE CARE & PARTICIPATION IN A SWIM TEAM EVENT OR COMPETITION ("AGREEMENT")

PARTICIPANT INFORMATION ("Participant")

This form must be completed by a parent, legal guardian or authorized adult of each swim team participant (individually and collectively, "Participant") traveling and/or participating in a swim team event or competition.

Full name of Participant (First, M.I., Last)

Date of Birth

Address, City, State, Zip Code

PARENT, LEGAL GUARDIAN OR AUTHORIZED ADULT INFORMATION

Name of Parent, Legal Guardian or Authorized Adult No. 1 (First, M.I., Last)

Telephone Number

Address, City, State, Zip Code

Email Address

Name of Parent, Legal Guardian or Authorized Adult No. 2 (First, M.I., Last)

Telephone Number

Address, City, State, Zip Code

Email Address

Membership Number

Club Name

I, the parent, legal guardian or authorized adult of the participant listed above, do hereby give my consent for their participation in the following off-site event or competition:

to be held at _____ (Address)
for the date(s) from _____, 20____ through _____, 20____ ("Event").

If I am not attending the Event myself, I hereby give my consent for the following chaperone, _____ ("Chaperone"), to act as my Participant's guardian in conjunction with my Participant's participation in this off-site Event. I understand that the above-named Chaperone will be traveling with my Participant to this off-site Event and will be acting as my Participant's guardian; and as such will be acting with my full consent in supervising my Participant not only at the off-site Event, but, also, in transit to and from the Event and all activities undertaken in conjunction with the Event, any other activities outside of the Event and, if applicable, during any overnight stay in a hotel.

I hereby give my consent for my Participant's participation in and traveling to and from the Event, including, but not limited to travel by car, van, bus, train and plane, all activities undertaken in conjunction with the Event, any other activities outside of the Event and, if applicable, any overnight stay in a hotel (collectively, "Event Activities") and that I am responsible for securing for my Participant, including, but not limited to, any required identification form(s), travel consent form(s) or any other form or documentation required for my Participant to travel or participate in the Event. I acknowledge and fully understand that there are dangers, hazards and risks of injury or damage, some of which are inherent in my Participant's participation in the Event Activities, including, but not limited to the risk of serious illness, injury, damage or death, including losses which may be the result not only from my Participant's own actions, inactions or negligence, but also from the actions, inactions or negligence of others; and, I elect for my Participant to participate in Event Activities in spite of the risk. I further acknowledge and fully understand that I assume all dangers, risks and hazards of injury or damage incidental to the Event Activities including, but not limited



PARENTAL CONSENT FOR TRAVEL, CHAPERONE CARE & PARTICIPATION IN A SWIM TEAM EVENT OR COMPETITION ("AGREEMENT")

to, my Participant's exposure to communicable diseases, including but not limited to, COVID-19, influenza, colds and norovirus, slips, trips and falls, broken bones, damaged muscles or ligaments, paralysis, drowning, property theft or pain and suffering. I further understand and accept that due to the nature of spread of COVID-19 (and any other communicable disease or illness), the risk of exposures to these communicable illnesses and others is inherent in most activities where people interact or share common facilities, are beyond Life Time's control and cannot be eliminated under any circumstances. Furthermore, I hereby release, absolve, indemnify and hold harmless LTF Club Operations Company, Inc. in the United States and its subsidiary LTF Club Operations Company Canada Inc. in Canada, these companies and Life Time, Inc., their direct and indirect subsidiaries and affiliates, and all of their employees, contractors, officers, directors, agents, representatives, sponsors, volunteers and any other entity or person acting for them, and all of their successors and assigns (Collectively, "Life Time"), the organizers, sponsors, supervisors, staff, coaches, volunteers, chaperones, their agents, representatives or assigns. I hereby waive all claims against Life Time, the organizers, sponsors, supervisors, staff, coaches, volunteers, chaperones their agents, representatives or assigns, for any injury to my Participant, any loss due to theft of or damage to my or my Participant's personal property or for any other consequential or incidental damages caused in any manner whatsoever, including any instance where any liability is attributable to the absence of ordinary, or even slight, care by the Event organizers and the conduct of this Event. I also agree that if any portion of this Agreement is held to be invalid the balance, not withstanding, shall continue in full force and effect and that my General Terms Agreement, Member Usage Agreement and Digital Membership Terms continue to apply.

In addition, I agree that my Participant must conduct themselves at all times in a socially responsible, respectful and appropriate manner including following all Life Time Swim Team and USA Swimming rules/guidelines as well as when traveling, following, including, but not limited to, all airline, bus and van, travel requirements and governmental mandates which may include but are not limited to maintaining social distancing, mask-wearing, testing and may also include quarantine (if mandated). Furthermore, I understand and agree that my Participant may be removed from Life Time's Swim Team for violating Life Time Swim Team's rules and policies, USA Swimming rules and policies and Life Time Club Policies whether at practice or at an Event whether at a Life Time Center or at an event or competition off-site. I agree that I am responsible for making arrangements to pick up my Participant if they are removed from the Life Time Swim Team whether at a Life Time Center or at a travel event or competition. Life Time will supervise Participant until which time the parent, legal guardian or authorized adult picks them up.

I further state there is no medical condition which my Participant has that would prevent them from participating in Event Activities and that all the information I provided on the Medical Consent & Release Form is current and accurate, including, but not limited to, my authorization for Life Time or USA Swimming, if applicable, to make decisions regarding any and all medical and survival procedures for the Participant, including transportation for emergency care if I, or another parent, legal guardian or authorized adult are unavailable.

BY ACCEPTING THIS AGREEMENT (WHETHER BY CLICKING TO ACCEPT ONLINE, BY SIGNING A SIGNATURE PAD IN CLUB OR OTHERWISE), I, the undersigned Parent, Legal Guardian, or Authorized Adult, have read and understood this Agreement and hereby knowingly and voluntarily execute the foregoing for and on behalf of myself and the Participant and agree to bind myself, the Participant and any heirs, next of kin, assigns or personal representatives to such terms. Participant will receive the privilege of participating in the swim team Event or Competition, and I agree that they will abide by all rules, regulations and policies of Life Time, USA Swimming and the Life Time Swim Team which are subject to change without notice. I represent that I have full legal authority to act for and on behalf of the Participant, and I agree to indemnify and hold harmless Life Time and its subsidiaries for any expenses, claims or liabilities that may arise as a result of any insufficiency of my full legal authority to execute the foregoing.

Signature of Parent, Legal Guardian or Authorized Adult

Date



INDIVIDUAL TRAVEL PERMISSION & TRAVEL DETAILS
LIFE TIME SWIM TEAM

LIFE TIME SWIM TEAM TRAVEL DETAILS:

Name of Participant: _____

To: _____
(Name of Event or Competition)

Address: _____
(Street, City, State & Zip Code)

Dates from: _____, 20____ through _____, 20____

Times: Departing _____ a.m. _____ p.m. **Returning** _____ a.m. _____ p.m.

Transportation: _____ Leased Bus _____ Plane _____ Other
• Describe "Other" means of transportation: _____

Driver(s): _____ Bus Company Staff _____ Other
• Describe "Other" Driver Information: _____

EMERGENCY INFORMATION

☐ I agree that there has NOT been any changes to my Participant's emergency contact information.

☐ I agree that there has been changes to my Participant's emergency contact information.

• If so, explain: _____

(Emergency Contact Name)

(Telephone Number)

(Emergency Contact Name)

(Telephone Number)

By signing below, I, the undersigned parent, legal guardian or authorized adult, consistent with the agreements referenced below, hereby give my permission for my Participant to be transported, and/or attend and/or receive emergency care, if necessary, in regards to the event or competition described above. Furthermore, I agree that the emergency contact information provided above, if applicable, is the most current and replaces any prior Life Time Swim Team emergency contact information for my Participant listed above. I also agree that the terms of my General Terms Agreement, Member Usage Agreement and Digital Membership Terms, if applicable, continue to apply and that this agreement is expressly made subject to and is incorporated as part of all Life Time Swim Team Agreements (including, but not limited to, any Parental Consent for Travel, Chaperone Care & Participation in a Swim Team Event or Competition Agreement, Medical Consent & Release Form Agreement) continue to apply. I represent that I have full legal authority to act for and on behalf of the Participant, and I agree to release, absolve, indemnify and hold harmless LTF Club Operations Company, Inc. in the United States and its subsidiary LTF Club Operations Company Canada Inc. in Canada, these companies and Life Time, Inc., their direct and indirect subsidiaries and affiliates, and all of their employees, contractors, officers, directors, agents, representatives, sponsors, volunteers and any other entity or person acting for them, and all of their successors and assigns (Collectively, "Life Time") for any expenses, damages, claims or liabilities that may arise as a result of my Participants participation in, including but not limited to, any Life Time Swim Team practice, event or competition and any insufficiency of my full legal authority to execute the foregoing.

(Signature of Parent, Legal Guardian or Authorized Adult)

(Date)