



For FINS use only
RP #: _____

FINS of Spring/Klein & FINS of The Woodlands

INFORMED CONSENT & WAIVER FORM

Responsible Person _____

I have read Fun IN Swimming Inc.'s (FINS) Policies and Procedures.

I have read and understand FINS minimum joining agreement of 4 months, under The Policies and Procedures handout and that I will continue to be automatically enrolled and charged until 30 days written notice is given.

I have read and understand that No classes are held without payment, 1st payments are due upon booking, and that registration fees, classes, and parties are non-refundable

I have read and understand FINS Cancellation Policy, "How to Withdraw from a Class", including but not limited to, the method in which to withdraw from a class, cancellation fees, and 30 day written notice.

I have read and understand FINS Make-up/Missed Lesson Policy including, but not limited to, any missed lessons must be cancelled in advance, the allotted 1 make-up within a 30 day period , the \$8.00 non-transferrable, non-refundable charge for a make-up lesson, the day(s) of the week make-ups are given, and that NO make-ups are given for any private (1:1)lessons.

I have read and understand FINS Low Enrollment Policy which includes, if the class is 50% or less full I may be required to move unless I choose to pay a higher rate.

I have read and understand FINS Class Change Request Policy and that I may change my schedule one time within a 90 day period without penalty per student. And, that any additional class change requests will result in a \$25.00 change fee per student.

I have read and understand FINS Low Attendance policy, if only one student is in attendance in a semi-private or group class that that class will turn into a 20 min private.

I have read and understand FINS Health Concern Policy and that the policy includes but is not limited to FINS double diaper policy.

I have read and understand FINS Special Needs and Special Care Clients Policy which includes but is not limited to, informing FINS of any special needs that pertain to the student and informing FINS Management of any medical conditions as they arise.

I have read and understand FINS Parental Responsibility Policy including but not limited to a designated responsible adult remaining on the premises while their child is at FINS.

I have read and understand FINS Inclement Weather Policy which includes but is not limited to in most cases lessons are held rain or shine, however in the case of severe acts of nature when FINS has to close its doors, no make-ups will be given.

It is my responsibility to read any posted signs and televised presentations to help keep me informed of any changes and events.

I have read and understand the Automatic Payment Authorization Form.

I understand that FINS may take photos/videos on occasion at and that any photos/videos taken of students may be used for FINS publicity and marketing purposes. And, that no monetary compensation will be given if a photo/video of a student is used for FINS publicity and marketing purposes.

I hereby authorize any representative of Fun IN Swimming to treat the person(s) I am responsible for in any medical emergency during their participation in Fun IN Swimming's program(s). In addition I agree not to hold Fun IN Swimming, Inc., its entities, or its employees responsible for any accident(s) or other such occurrences.

Waiver

I have read and agree to all of the policies stated in Fun IN Swimming, Inc.'s (FINS) program materials and registration information. I assume all liability for my children and myself without regard to fault while participating in FINS programs. By signing this you agree to all of FINS policies and procedures.

Responsible Person Signature

Date