

A NEW LEAF, INC.

Adult Swimming, Sunscreen, and Photograph Release



YES/NO

I give permission for \_\_\_\_\_ to go swimming. I understand that there may or may not be a Certified Lifeguard present. I also understand that A New Leaf staff are CPR/First-Aid Certified.

YES/NO

I give permission for \_\_\_\_\_ to use sunscreen. Any restrictions are listed:

\_\_\_\_\_  
\_\_\_\_\_

YES/NO

I give permission for \_\_\_\_\_ to have his/her picture taken. Pictures will not be used for anything that is not participant or agency related. Any restrictions are listed:

\_\_\_\_\_  
\_\_\_\_\_

I hereby release A New Leaf, Inc. and their staff from any liability.

Participant's Name: \_\_\_\_\_

Participant/Guardian Signature: \_\_\_\_\_

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