

# Vivian B. Adams School

May 24, 2018



2047 Stuart Tarter Road  
Ozark, AL 36360  
Phone 334-774-5132  
FAX 334-403-5548  
[www.vivianbadams.org](http://www.vivianbadams.org)

Executive Director  
Hannah A. Parker

Adult Services Coordinator  
Cindi Miles

Case Management Coordinator  
Kathy Brooks

Financial Coordinator  
Rena Nance

Nursing Services Coordinator  
Beverly Peluso BSN/RN

LEA Coordinator  
Cheryl Bell

## Board Members

Charles Gary, Chair  
Bonnie Crawford, Vice Chair  
Patricia Jackson, Secretary  
Joe W. Adams  
Peter Bruggink  
Robert Crosby  
Bill Kamerer  
Diane Murphy  
Fred Steagall

Dear Swimmers/Parents/Caregivers:

It's almost time for our pool to open and the fun to begin!

We plan to begin swimming on Monday, June 11, 2018. If your student / individual would like to participate, please return the bottom portion of this letter and the attached waiver as soon as possible. **Both forms must be completed before your student/individual can swim.**

Your swimmer will need the following items: swimsuit, towel, sunscreen, some type of cover-up (t-shirt) and a pair of non-slip shoes that can be worn to and from the pool (flip flops, etc.). Also, if your swimmer wears diapers or pull-ups - only specified "swim" diapers are allowed in the pool.

Miss Tapanga Peterson will be our lifeguard this year. She is a fully certified life guard and will contract with us through the summer. If you have any questions or concerns, please contact us at 774-5132.

\*\*\*\*\*

Yes, \_\_\_\_\_ may participate in the 2018 VBA swim program.

\_\_\_\_\_ No, he/she will not swim this year.



Signature \_\_\_\_\_

Date \_\_\_\_\_

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## Vivian B. Adams School And

### Vivian B. Adams School Board Waiver of Liability and Assumption of Risk

**Waiver:** In consideration of permission to use, today and on all future dates, the pool, facilities, equipment and services of Vivian B. Adams School and the Vivian B. Adams School Board, for myself, my heirs, or personal representatives, **do hereby release, waive, discharge, and covenant not to sue** Vivian B. Adams School or The Vivian B. Adams School Board, or its employees, agents or directors for liability from any and all claims including negligence of the school or staff resulting in personal injury, accidents (including death), and property loss arising from, but not limited to, swimming in the pool, participating in pool activities, use of pool equipment or any activity related to the use of the pool.

\_\_\_\_\_  
Signature of Parent/Guardian/Caregiver & Date Signed

\_\_\_\_\_  
Signature of Participant & Date Signed

**Assumption of Risks:** This use of the swimming pool, school property, facilities, staff, pool equipment, and/or lifeguard carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid such risks/injuries. Vivian B. Adams School and The Vivian B. Adams School Board designed a swimming pool and swimming facilities to provide activities for both fun and training opportunities. However, use of the swimming pool and facilities have the potential to lead to illness, physical injuries, stress, damage, or even death. Risks vary, but range from minor injuries such as bruises, scratches, and embarrassment to major injuries such as head / back injuries and/or trauma to even catastrophic injuries including paralysis and death.

**I have read the previous paragraph and I know, understand, and appreciate these and other risks that are inherent with the activities related to the use of the Vivian B. Adams School Swimming Pool. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

**Acknowledgement of Understanding:** I have read this waiver of liability and assumption of risk and fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this agreement freely and voluntarily, and intend by my signature to completely and unconditionally release all liability to the greatest extent allowed by law.

\_\_\_\_\_  
Signature of Parent/Guardian/Caregiver & Date Signed

\_\_\_\_\_  
Signature of Participant & Date Signed

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