RELEASE AND WAIVER OF LIABILITY AGREEMENT

I,		("Participant"),	acknowledge that I have
voluntarily applied to participat	e in the following acti	ivities at the Stream	mline Teams Swim Lessons:
Swimming and exercise (Description of activities in which	Danticinant will angage	2)	
(Description of activities in which	i Fariicipani wiii engage	()	
I AM AWARE THAT THESE A WITH COVID-19. I AM VO KNOWLEDGE OF THE DAI RISKS OF BODILY INJURY, ARE KNOWN OR UNKNOWN	LUNTARILY PARTION NGER INVOLVED, A DEATH OR PROPE	CIPATING IN TI AND AGREE TO	HESE ACTIVITIES WITH ASSUME ANY AND ALL
I verify this statement by placin Parent or Guardian's initials (if			
As consideration for being pern forever release Streamline Tear Fleet Connect, Ashley Graves affiliated organization, and th (collectively "Releasees") from foreseeable or unforeseeable that legal representatives now have related to (i) my participation connected to these activities or premises where these activities agree that I, my assignees, heir will not make a claim against, the matters covered by the forest I HAVE CAREFULLY READ I AM AWARE THAT THIS I	ms LLC, SwimMOOR a, all pool locations, a eir respective represer any and all actions, cla at I, my assignees, heirs b, or may have in the in these activities, (ii) not, and however caus occur, whether or not b, distributors, guardia sue, or attach the prop going release. THIS AGREEMENT A S A RELEASE OF L	E Corporation, Cany swim instruction instructions, agents, continuity, or demands, or distributes, guard future, for injury, the negligence or led, by any Release I am then participus, next of kin, spotenty of any Release AND FULLY UNDITABILITY AND	arolina Trace Country Club, tors, employees, volunteers, entractors and/or employees whether known or unknown, lians, next of kin, spouse and death, or property damage, other acts, whether directly e, or (iii) the condition of the pating in the activities. I also use and legal representatives ee in connection with any of ERSTAND ITS CONTENTS. A CONTRACT BETWEEN
MYSELF AND RELEASEES, A	AND SIGN IT OF MY	OWN FREE WILI	L.
If Signed by Parent or Guardia Release and Waiver were explai	•		
Executed in Moore County, North	Carolina, on the	_ day of	, 2025.
PARTICIPANT/RELEASOI	R:		
	Signature		
	Address		
PARENT OR GUARDIAN:			Signature

IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED