



**LIFE JACKET WAIVER
FOR STUDENTS WITH HISTORY OF SEIZURES**

Student's Name: _____

TSBVI requires all students who have had one or more seizures to wear life jackets while participating in swimming activities. However, If your child has not had a seizure within the past three years, you may choose to waive the life jacket requirement by completing this "Life Jacket Waiver" form signed by you and your child's physician. Submit this waiver form in addition to the general "Permission to Participate in Swimming Activities" form.

Parent and Physician Consent for Student to Swim Without a Life Jacket

I request that my child **not** be required to wear a life jacket when my child is participating in recreational activities and/or instructional swimming activities conducted by TSBVI in a swimming pool with one or more lifeguards.

In consideration of my child being allowed to participate in recreational and swimming activities without a life jacket, I have and do hereby ASSUME ALL OF THE RISKS of my/my child's participation in said activities and will hold TSBVI, its employees, agents, and officers harmless from any and all liability, actions, causes of actions, claim, and demands of every kind and nature whatsoever, whether for personal injury, property damage/loss, death, or otherwise, which the undersigned now has or which may arise from or in connection with my child's participation in said activities. I, along with my family or heirs, understand and agree that we cannot sue TSBVI, its employees, agents and/or officers, and if I do, I cannot collect any money. In addition, I will pay for TSBVI's attorney and court fees associated with any litigation I might bring against TSBVI, its employees, agents, and officers.

REQUIRED:

Parent Signature (or signature of student if 18 years of age or older)

Date

REQUIRED:

Physicians Statement:

I am aware of this patient's medical history, including the student's history of seizures and medical management. The above named patient may safely participate in the school's recreational or instructional swimming activities in a swimming pool with one or more lifeguards, without wearing a life jacket.

Physician's Signature

Date

Physician's Name (Please Print)