



Swimming Ability

Your safety and the safety of all participants is our top priority. This declaration helps us ensure everyone on the water is prepared for potential emergencies.

Name: _____ Date of Birth: _____

Please complete one of the following options:

Option 1: Swimmer Declaration

I, _____, declare that I have the ability to swim 50 yards, float and/or tread water for ten minutes, and successfully put on a life jacket while floating.

Option 2: Swim Test Confirmation

I, _____, confirm that I passed a swim test on _____ (Date) administered by _____ (Lifeguard Name) at _____ (facility).

Option 3: Non-Swimmer Agreement

I, _____, acknowledge that I cannot meet the minimum swimming requirements and agree to provide and wear a properly fitted Personal Flotation Device (PFD) at all times while on the water.

Signature: _____

Date: _____

For Minors Only:

Parent/Guardian Signature: _____

Date: _____