

## Private Swim Lesson Registration

Participants Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Swim Level:    Never                      Beginner                      Intermediate                      Experienced

Guard Preference: \_\_\_\_\_

(Guard preference not guaranteed – guards will be assigned by availability and skill strengths)

Week Requested: \_\_\_\_\_

**(Lessons not available June 17<sup>th</sup>-21<sup>st</sup> or July 1<sup>st</sup>-5<sup>th</sup>)**

Time Requested:      5pm-5:30pm                                      5:30pm-6pm                                      Either

Sibling Added (\$35):                                      YES                                      NO

### Waiver / Release of Liability

I, \_\_\_\_\_, the parent/guardian of the participant(s) and/or enrolled participant(s), agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to paralyzing injuries and death. The participant(s) hereby agrees to participate in the water activities and hereby agrees to indemnify and hold harmless Humboldt Family Aquatic Center, its directors, agents and employees against any liability resulting from any injury that may occur to the participant(s) while participating during the private party, or other activities at Humboldt Family Aquatic Center. The participant(s) also agrees to indemnify Humboldt Family Aquatic Center for any damages incurred arising from any claims, demand, action or cause of action by the participant(s). The participant(s) authorizes any representative of Humboldt Family Aquatic Center to have the participant treated in any medical emergency during their participation in any activity while at Humboldt Family Aquatic Center. Further, the participant(s) and /or parent/guardian agree to pay all costs associated with medical care and transportation for the participant. I have noted below any medical/health problems of which the staff should be aware. I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE, AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Parent/Guardian Signature: \_\_\_\_\_

OFFICE USE ONLY

Date: \_\_\_\_/\_\_\_\_/'24    Amount: \$ \_\_\_\_\_    Cash/Check#: \_\_\_\_\_    Staff Initial: \_\_\_\_\_

OFFICE USE ONLY

Date: \_\_\_/\_\_\_/'24    Amount:\$ \_\_\_\_\_    Cash/Check#: \_\_\_\_\_    Staff Initial: \_\_\_\_\_