



Where families live and play by the bay!

Swim Lessons 2015
Bay County Swimming Pool

Student Name: \_\_\_\_\_

Age: \_\_\_\_\_

Level (please circle): 1 2 3 4 5 6 7

Has the student had lessons before? YES NO

Sessions (please indicate sessions desired)

Mornings: Monday & Wednesdays, 11:00am – 11:45am

Session 1 – June 22nd to July 15th \_\_\_\_\_

Session 2 – July 20th to August 12th \_\_\_\_\_



Evenings: Tuesdays & Thursdays, 7:15pm – 8:00pm

Session 1 – June 23rd to July 16th \_\_\_\_\_

Session 2 – July 21st to August 13th \_\_\_\_\_

(NO LESSONS THE WEEK OF JULY 4th)

Cost: \$32.00 per session (8 lessons)
Payment is due on or before day of first lesson.

Parent/Guardian

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number(s): Home/Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Office Use Only

Table with 5 columns: Date, Amt. Paid, Type of Pay, Check#, Initials

### Waiver and Release of Liability

In consideration of my child/ward being allowed to participate in any way in the Bay County Community Center swimming lessons, the undersigned acknowledges and agrees that:

- 1) There is risk of injury to my child from participating in the activities involved in swimming lessons including but not limited to his or her participation in swimming and general free play, and that risk may be significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, those risks do still exist; and,
  
- 2) For myself, spouse, and child, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF BAY COUNTY and its respective administrators, commissioners, elected officials, directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees") or others, and assume full responsibility for my child's participation; and,
  
- 3) I willingly agree to comply with the program's stated and customary terms and conditions for participation in its activities. If I have any concern regarding my child's readiness for participation in the activities, I will discontinue my child's participation in the activity. If at any time I believe conditions to be unsafe, I will immediately remove my child from participation in the activity and bring such conditions to the attention of the nearest Bay County Community Center employee immediately; and,
  
- 3) I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE RELEASEES with respect to any and all injury, disability, death, loss or damage to person or property incident to my child's involvement or participation in this program, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law; and
  
- 4) I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any and all liabilities incident to my or my child's involvement or participation in this program, even if arising from their negligence, to the fullest extent permitted by law; and
  
- 5) I have received a copy of the "Concussion Information Sheet;" and
  
- 6) I grant the Bay County Community Center staff permission to take photographs and films including pictures of me, my child or ward. I consent and authorize Bay County to use and reproduce photographs and films. With respect to the foregoing, no inducements or promises have been made to me to secure my signature to this release other than the intention of Bay County to use such photographs or films for the purpose of promoting and aiding Bay County in their work.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature