

# SWIM LESSON REGISTRATION FORM



To reserve your class, submit your registration form along with payment:

**Mail:** The Swimming Hole, 75 Weeks Hill Road, Stowe, VT 05672

**Email:** Jbradley@theswimmingholestowe.com

**Fax 802-253-9119:** Attention: Group Swim Lessons

(Scan your registration form, include credit card payment details)

**LESSON SESSION:** \_\_\_\_\_ **SESSION FEE:** \_\_\_\_\_

**SWIMMER'S NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE #** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**CLASS LEVEL** \_\_\_\_\_ **CLASS TIME & DAY** \_\_\_\_\_

Classes are not pro-rated. Pre-registration required with no make-up classes.

Classes need to have at least 2 participants, or they are subject to cancellation.

**PLEASE INITIAL HERE THAT YOU HAVE READ & UNDERSTAND THE NO MAKE UP POLICY** \_\_\_\_\_

## RELEASE OF LIABILITY & ASSUMPTION OF RISK

I wish to use the facilities and equipment and engage in activities at The Swimming Hole. I also wish to allow guests and my child or children and other minors to use the facilities and equipment and engage in activities. Use of the word "I" in this document means and includes me individually and as parent, guardian, or supervisor on behalf of such child or children, minor, or guest.

I am aware that using the facilities and equipment and engaging in activities at The Swimming Hole involve risks of injury, disability, and death by drowning and other causes. I hereby assume all risks and accept full responsibility for any such injury, disability, or death.

I attest that I am physically fit without any medical or health problems. I have arranged for medical insurance coverage and such life insurance as I deem necessary or advisable.

I hereby release and absolve The Swimming Hole and all employees, agents, officers, directors, and other persons involved in any way with The Swimming Hole from any and all liability for injury, disability, death, or other loss incurred by me or any such children, minors, or guests using the facilities and equipment and engaging in activities at The Swimming Hole, except that this release shall not apply to wilful malfeasance or intentional wrongdoing by The Swimming Hole. I covenant not to commence any lawsuit or take any other proceeding or action against The Swimming Hole or any employees, agents, officers, directors, and other persons for any such liability, each and all of whom I agree to indemnify and hold harmless from all costs and expenses, including reasonable attorney's fees, they may incur in the event any such lawsuit, proceeding, or action is taken.

I understand that by signing the release of liability, I am waiving substantial rights, and I do so voluntarily with full knowledge of the significance of this document.

**DATE** \_\_\_\_\_

**SIGNATURE(ADULT)** \_\_\_\_\_

**PRINT** \_\_\_\_\_