



## PRIVATE SWIM LESSONS

SUMMER 2018

\*Please complete a separate form for each participant.

Participant's Name: \_\_\_\_\_  
(last) (first)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Please list any health considerations, disabilities, medications or allergies: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
(last) (first)

Relationship to Participant: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Describe Swimming Level and/or Swimming Goals: \_\_\_\_\_

### Emergency Contacts

1) Name: (last, first) \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

2) Name: (last, first) \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

PRIVATE LESSONS are made by appointment. Once the Swim Coordinator has confirmed with you the day and time of your lesson(s), you are responsible for respecting that time period. Payment must be made PRIOR to all lessons. If you must miss a private lesson, please notify the Swim Coordinator at 468-0441 x240 or at swim@uvathletic.com a **minimum of 24-hours** in advance or the lesson will be forfeited. Lessons will be rescheduled based on availability. No refunds will be offered. If you are late you will receive instruction for the time remaining only.

PLEASE INITIAL STATING YOU UNDERSTAND AND AGREE WITH THIS POLICY. \_\_\_\_\_



SELECT QUANTITY OF PRIVATE LESSONS:	
<input type="checkbox"/> SINGLE LESSON One (1) 30- minute Private Lesson	<input type="checkbox"/> SIX PACK (1 FREE) Six (6) 30- minute Private Lessons
Indicate preferred day(s) & time(s): _____	Indicate preferred day(s) & time(s): _____
\$30 Member / \$35 Guest	\$ 150 Member / \$175 Guest

Total Amount Due: \$\_\_\_\_\_

- Cash
- Check
- Credit Card
- Bill Me Later

Primary Acct. Holder:\_\_\_\_\_

Guest Service/Office Use:

List Available:  
\_\_\_\_\_  
\_\_\_\_\_

**WAIVER:** In consideration of permission to use, today and on all further dates, the property, facilities, staff, equipment and Services of the Ukiah Valley Athletic Club, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Ukiah Valley Athletic Club, its directors, officers, employees, and agents from liability from any and all claims including the negligence of the Ukiah Valley Athletic Club resulting in personal injury, accidents or illness (including death), and property loss arising from, but not limited to, participation in activities, classes, observation, and use of facilities, premises or equipment.

**ASSUMPTION OF RISK:** I understand that there are risk associated with the participation in activities, classes, observation, and the use of facilities, premises, or equipment of the Ukiah Valley Athletic Club such as personal injury, accidents or illnesses (including death), and property loss. I understand these injuries or outcomes may arise from my own or others actions, inactions, or negligence, or other condition of property, facility, or equipment at Ukiah Valley Athletic Club. I have read this paragraph and I know, understand and appreciate these and other risks that are inherent in my participation in activities, classes, observation, and use of facilities, premises, or equipment of Ukiah Valley Athletic Club. I hereby assert my participation is voluntary and that I knowingly assume all such risk.

**PHOTOGRAPH RELEASE:** I give Ukiah Valley Athletic Club the absolute right and permission to use my photograph in its promotional materials and publicity efforts. I understand that the photographs may be used in a publication, print ad, direct-mail piece, electronic media (e.g., video, CD-ROM, internet/www), or other form of promotion. I release Ukiah Valley Athletic Club, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

**INDEMNIFICATION AND HOLD HARMLESS:** I agree to INDEMNIFY AND HOLD Ukiah Valley Athletic Club HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fee brought as a result of my involvement at The Ukiah Valley Athletic Club and to reimburse them for any such expenses incurred.

**SEVERABILITY:** I further expressly agree that the foregoing waiver and assumption of risk agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**ACKNOWLEDGMENT OF UNDERSTANDING:** I have read this waiver of liability, assumptions of risk, photograph release, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that i am signing the agreement freely and voluntarily, assuming all the risk of use, and intend by my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.

Print Student's

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

Parent/Guardian's Signature:\_\_\_\_\_ Date:\_\_\_\_\_

