



HAMMERHEADS

Prep Swim Team for Kids

Mondays & Wednesdays SPRING 2021
Participants must be able to swim 40 yards unassisted.

*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)

Emergency Contacts

1) Name: _____ Phone: _____

Relationship to Participant: _____

2) Name: _____ Phone: _____

Relationship to Participant: _____

Participants MUST be able to swim a full lap without stopping.

| Make Your Selection | |
|---|---|
| Times: 60 minute session | Dates: 6 week sessions |
| M & W 4:00pm-4:45pm Hammerheads | MAR 1- APR 8 APR 19- MAY 27 Please Circle dates wanted |
| \$125 Member \$160 Guest *Save 10% OFF Additional Siblings | |
| Total Amount Due: \$_____ | Guest Service/Office Use: |
| <input type="checkbox"/> Cash <input type="checkbox"/> Check | |

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 risks 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 that 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, assumption 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.

Please Note: There are no makeup sessions available for absences or cancellations. Parent Initial _____

Print Student's Name: _____

Parent/Guardian's Signature: _____ Date: _____