SUN CITY SWIM CLUB LESSONS PROGRAM
SWIM LESSONS REGISTRATION AND
HOLD HARMLESS AGREEMENT AND RELEASE OF LIABILITY

"I" the undersigned participant, intending to be legally bound by affixing my signature hereto, wish to participate in the SUN CITY SWIM CLUB LESSONS PROGRAM ("LESSONS PROGRAM"). I understand that I do so at my own risk.

I acknowledge and understand the purpose of the LESSONS PROGRAM and the risks that may be associated with the LESSONS PROGRAM. I hereby represent that I am aware of all risks in the LESSONS PROGRAM and agree to assume all these risks.

I state, without reservation, that I am in proper physical condition to participate in the LESSONS PROGRAM, and that if I am in doubt of my ability to participate, I will seek appropriate medical advice.

In exchange for being permitted to participate in the LESSONS PROGRAM, I hereby release the Sun City Swim Club, its Officers, Agents and All the Organizers and Volunteers for the LESSONS PROGRAM from liability and hereby waive any and all claims for any loss, damage, injury to person or property, death, claims, demands, lawsuits, expenses and any other liability of any kind, or of to me or any person, directly or indirectly arising out of or in connection with my participation in the LESSONS PROGRAM.

I further agree that if, despite this Agreement, I, or anyone on my behalf, makes a claim for liability against the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such liabilities which may be incurred as the result of such claim.

I agree to assume responsibility to exercise care for my own safety and I will ask and wait for assistance or training from the SUN CITY SWIM CLUB LESSONS PROGRAM Coaches before using any equipment or if I am not sure I can perform any activity.

THIS FORM MUST BE SIGNED PRIOR TO PARTICIPATION IN THE LESSONS PROGRAM
PLEASE PRINT LEGIBLY

Signature: _____Date: _____.

Printed Name:_____. RCSC #: _____.

Address: _____.

Phone #: _____. Email Address:_____.

Local Emergency Contact: _____. Relationship: _____.

Local Emergency Contact Phone #: _____. Swim Club Rep: _____.

PAYMENT METHOD (Please circle one): CASH / CHECK. Check # (if paying by check):_____.