

PLAC Associate Name:___

Swim School Policies for the 5-Class Pass Swim School Policies for EFT Memberships

DES PLAINES PARK DISTRICT PRAIRIE LAKES AQUATIC CENTER 515 E. Thacker Street • Des Plaines, IL 60016 847-390-4949 • www.dpparks.org

Date:

Household Last Name:		First	First Name:	
Swimmer 1:		Day:	Time:	Level:
Swimmer 2:		Day:	Time:	Level:
Swimmer 3:		Day:	Time:	Level:
Swimmer 4:		Day:	Time:	Level:
	Terms & Conditions he swim program, I acknowledge	and understand the follow	ving:	
<u>5-Class</u>	Pass I have eight (8) weeks from the pass The day and time chosen at sign permitted. After the fifth class, my spot is he scheduled session. The 5-class pass only grants according to the session.	ourchase date to use all five -up remain fixed for the du eld for one week. To contin	uration of the pass. No nue, I must renew by th	ne last class or by the next
EFT Mer	mbership EFT memberships cannot be par payments to hold my spot or can Cancellation of EFT membership of the final month of payment. Re	cel the membership. can occur no sooner than	n the third month and m	nust be submitted by the last day
0	EFT membership is only valid for household requires a separate p I am allowed one make-up class within the same month unless that the next available make-up Satu	r swim lessons. Facility use aid membership or daily fe per month, per student. It e missed class is in the fin- rday.	e before, during, or afte ee. must be scheduled on al week, in which case	
	rstand, and agree to the term	s listed above. Please ı	read and sign the wa	aiver on the reverse side.

Swim Program Waiver and Release Important Information

The Des Plaines Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Des Plaines Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

Warning of Risk

Swimming is intended to challenge and engage the physical, mental and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including drowning. Understandably, not all hazards and dangers can be foreseen. The very nature of swimming is hazardous and risky, including but not limited to fatigue and overexertion, poor swimming skills, failing to avoid dangerous areas, horseplay, diving or cannon-balling into shallow water and striking the bottom or side of the pool, inadequate supervision or instruction, lack of conditioning, becoming disoriented, striking other swimmers, defective or inadequate equipment, striking one's head on the bottom when using a diving block, slip and falls on the deck or within the locker facility, chemical exposure and all other circumstances inherent to the sport of swimming. In this regard, it must be recognized that it is impossible for the Des Plaines Park District to guarantee absolute safety.

Waiver and Release of All Claims and Assumption of Risk

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Des Plaines Park District, including its officials, agents, volunteers and employees.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PARTICIPATION WILL BE DENIED

If the signature of adult participant or parent/guardian and date are not on this waiver.

Participant's Name (print):		Date:
Participant's Signature:		
	(18 years or older or Parent/Guardian)	