Private Lessons Registration Form

Name of Child:	
(please use one form per child)	
Date of birth:/	Age:
Parent's Name:	
Address:	
Cell Phone #:	Email:
Emergency Contact Name:	Phone #:
Please circle one:	
Member	Non-member
Preferred Instructor:	
Name	No Preference
need additional times, please con	eekdays -Please list top 3 in order of preference. If you tact swimlessons@montclaireswimclub.com 2 nd
Fees:	
One 30 minute lesson: Member-\$3	0 Non-Member-\$40
Five 30 minute lessons: Member-S	130 Non-Member-\$180
Total Due: \$	Mail Registration Form, Waiver, and Payment to:
	Montclaire Swim Club
	PO Box 37
	Edwardsville, IL 62025
Official Use Only Employee Sig	nature

 Date & Time Rcvd_____
 Amt. Rcvd _____
 Check # _____

Montclaire Marlins Swim Team RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating on the Montclaire Marlins Swim Team in practices, swim meet competitions, dryland activities, and other related Swim Team activities and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence Montclaire Pool Association d/b/a Montclaire Swim Club and its owners, directors, officers employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

- 1. I acknowledge that swimming and related swim team activities involves known and unanticipated riskswhich could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to concussions, drowning, dehydration, heat stroke, and others; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
- 2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
- 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.
- 5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
- 6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

Signature	Pr	Print Name	
Address	City	State	Zip
Telephone ()		Date	
	ARENT OR GUARDIAN ADD Must be completed for particip		
In consideration ofactivity, I further agree to indemr or on behalf of minor or are in an	nify and hold harmless Releasees	from any claims alleging i	g permitted to participate in this negligence which are brought by
Parent or Guardian	Print Name_		Date