

GROUP SWIM LESSONS REGISTRATION FORM AND WAIVER

Parent or Guardian Signature _____

Relationship to child _____

Swim lessons are set up to be group swimming instruction with a qualified staff instructor. Group lessons are offered on a first come first serve basis. Cancellations made by FSS/ ODR will be rescheduled. Questions about Group Lessons should be directed to hollomanodr@gmail.com. or call Outdoor Recreation at 575.572.5369. All balances MUST be paid in full at the time of registration NO REFUNDS WILL BE GIVEN. Cost: Eight 30-minute Group Lessons is \$60, or Private lessons \$35 per lesson.

Group Lessons are Monday-Friday times and days vary based on age group. Schedule will be provided upon registration.

The undersigned states that he/she understands that the Holloman Airforce Base Outdoor Recreation and its/their officers, employees, and agents, is/are not and shall not be responsible for or liable for any illness, death, injury to person or damage to property arising from, related to, or resulting from the programs provided and the undersigned hereby forever releases, discharges and holds harmless Holloman Outdoor Recreation and its/their officers, employees, and agents, from any and all claims, liabilities, suits, and/or damages of any kind that the undersigned, the swimmer, and/or his/her heirs, administrators, representatives, executors or assigns have, may have or claim to have resulting in any way from his/her participation in said program(s). **Initial** _____

RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the Holloman Airforce Base Outdoor Recreation group swim lessons program, its related events and activities, I, the undersigned, acknowledge, appreciate, and agree that: The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and, I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the Holloman Air Force Base Outdoor Recreation, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. **Initial** _____

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law. **Initial** _____

Swimmer's name _____ Date of Birth _____ Age _____ Sex _____

Parent or Guardian Name _____ Email Address _____

Address _____ City _____ State _____ Zip _____

Phone #: (Day) _____ (Night) _____ Cell _____

Total Amount Due \$ _____

Signature _____