Small Group & Individual Swimming Lessons Summer 2019 Session

*	* *
Child's Name:	Age: Level Entering:
Parent(s)/Guardian(s):	
EMail Address:	* Phone #:
Acknowledgment and Assumption of Ri The undersigned parent and/or legal guard participant's person and property involved	ian hereby acknowledges an awareness of the dangers and risks to the
	mportance for his/her own safety and for the safety of others, in following aff. I agree that I am responsible for my child's conduct while s/he is a
activity with knowledge of danger involved involves certain risks for physical injury to physical injury, including, but not limited to	ian acknowledges the participant voluntarily elects to participate in this d, and hereby agrees to accept and assume any and all risks. This activity of the participant. I understand that this activity involves certain risks for to: binal injuries, paralysis, brain damage and injury to vital organs, bones,
undersigned parent and/or legal guardian repolicies, rules, and instructions regarding pand participant understand Mayville State Mayville State University has no responsible	cich I may not be aware or that are unpredictable or unknown. The ecognizes the importance of participant's full compliance with applicable participation in this activity. The undersigned parent and/or legal guardian University does not insure participants in the above-described activity and bility or liability for injury resulting from this activity. The undersigned may erage related to the treatment of personal injury.
participant, his/her personal representative legal guardian forever: a. waives, releases, and discharg from any and all liability for the property theft or claims of any participant's estate as a direct b. defends, indemnifies, and hold employees, from and against a	ntarily participate in the above-referenced event, on behalf of myself, the s, heirs, next of kin, successors and assigns, the undersigned parent and/or es Mayville State University and its agencies, officers, and employees he participant's death, disability, personal injury, property damages, or nature which may hereafter accrue to the participant, and the or indirect result of participation in the activity or event; and dis harmless the Mayville State University, its agencies, officers, and any and all claims of any nature including all costs, expenses and manner result from participant's actions during this activity or event.
injury, accident or illness during this activi	ive medical treatment, which may be deemed advisable in the event of ity or event. This release, indemnification, and waiver shall be construed on, and waiver to the maximum extent permissible under applicable law.
and fully understand that by signing this fo	dian, affirm I am freely signing this agreement. I have read this agreement orm I am giving up legal rights and/or remedies which may otherwise be ipant regarding any losses the participant may sustain as a result of
I also agree that if any portion of this docu	ment is held invalid, the remainder will continue in full force and effect.
Signature of Parent/Guardian:	Date:
	Date:



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SMALL GROUP LESSONS Cos	et is \$44
Swimmers will be grouped based on	their level $(1-6)$. Lessons will last 5 consecutive weeks time each week. Each session will have a maximum of 8
The lessons (or level) consists of 5 s	sessions each lasting approximately 50 minutes.
***Please select your swimmer's lev	vel and preference for start time
<u>LEVEL</u> <u>DAY</u>	AVAILABLE TIMES (circle one)
1 Monday	11:15am 12:30pm 1:45pm
2 Tuesday	11:15am 12:30pm 1:45pm
☐ 3 Wednesday	11:15am 12:30pm 1:45pm
4 Thursday	11:15am 12:30pm 1:45pm
$\overline{\square}$ 5(+) Friday	11:15am 12:30pm 1:45pm
and will occur on the same day and to lifeguard. The lessons (or level) consists of 5 s **Please select your swimmer's level LEVEL 1 2 All individual lesson and begin at 3:15p *We have minimal and are on a first of and are on a first of the same day and to same and are on a first of the same day and the same day are same day and the same day and the same day and the same day are same day and the same day and the same day and the same day are same day and the same day and t	with their instructor. Lessons will last 5 consecutive weeks time each week. Session will include an instructor and a sessions each lasting approximately 40 minutes. el and preferred day. All individual lessons begin at 3:15pm. ons will occur on Monday – Thursday
PLEASE NOTE: Checks can be written to Ma	
 Email is our primary form of via email 	f communication and all adjustments will be communicated are preference are subject to change
Signature of Parent/Guardian:	Date:

