

## Group Swim Lesson Registration

Please Print Legibly

Participant's Name: \_\_\_\_\_

Gender:  Female  Male Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Level last evaluated: \_\_\_\_\_

Affiliation:  UA Student  SRC Member  AC Member  Non-Member

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If Participant is under the age of 19, list Parent/Guardian: \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Special physical, medical, social, or emotional needs we should be aware of: \_\_\_\_\_

Please give a brief description of participant's swimming ability: \_\_\_\_\_

Has participant previously taken swim lessons with University Recreation? \_\_\_\_\_ If so, when? \_\_\_\_\_

Register for one or multiple group swim lesson sessions.

Session Day(s)	No.	Session Date	Group	Participant Fee
				\$
				\$
				\$
<b>Total</b>				\$

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*Parent / Guardian signature required for participants under age 19 years.*

<p><b>OFFICE USE:</b>  Date Registered _____ Amount Paid \$ _____ Receipt Order # _____ Parking Decal # _____  <input type="radio"/> Cash <input type="radio"/> Bama Cash <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> Discover <input type="radio"/> American Express  Name of Cardholder if not the participant _____ Phone _____  Staff Initials _____</p>
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**Release Waiver Required**

## RELEASE OF LIABILITY, ASSUMPTION OF THE RISK, AND INDEMNIFICATION

**\*\*PLEASE READ AND FULLY UNDERSTAND THE FOLLOWING BEFORE SIGNING\*\***

**Purpose of this Form.** This form is to be signed by the each Participant in the Activity who is 19 years of age or older. In consideration of the social, recreational, educational, and other benefits that may be provided, the receipt and adequacy of which is acknowledged, Participant agrees as follows.

**Definitions.** The following terms have the stated meaning when used in this document:

- **Participant** – the individual(s) participating in the Activity and all related activities that execute(s) this document. If this document is signed by a parent or legal guardian as Participant for themselves and/or on behalf of any of their minor children, then Participant includes the parent/guardian, as well as each of their Child Participants identified below.
- **Potential Liabilities** – any and all loss, injury, death, claims, actions, suits, proceedings, settlements, damages, costs, fees, and expenses, at law or equity, known and unknown, foreseen and unforeseen, including, but not limited to, attorney fees and costs of litigation, and liabilities arising out of, connected with, or resulting from Participant’s involvement in the Activity, such as medical expenses, other costs, injury, sickness, or death.
- **Activity** – any recreational/educational activity, service, or program offered by UA that you choose to participate in, including and all activities related thereto. Examples of an Activity include, but are not limited to, all forms of physical exercise, sport club participation, intramurals sports, outdoor activities, special events, membership in the Rec Center, lifting weights, and other special activities, such as pilates, climbing wall, pool usage, and personal training.
- **UA** – The Board of Trustees of the University of Alabama, including the University of Alabama, foundations affiliated therewith, and their respective trustees, officers, employees, agents, representatives and volunteers.

**Liability Release.** **THIS IS A RELEASE OF LIABILITY.** Participant knowingly and voluntarily waives, releases, exculpates, and discharges UA from and against any and all Potential Liabilities connected with the Activity. By signing this form, Participant voluntarily agrees to discharge UA in advance from all such Potential Liabilities.

**Indemnification.** Participant agrees to hold harmless and indemnify UA from and against all Potential Liabilities related to, connected with, or arising from Participant’s involvement or participation in the Activity.

**Assumption of Risk.** Participant understands and acknowledges that there are risks, including significant risks, inherent in all activities that can result in loss, damages, injury, or death, including, without limitation, activities potentially related to the Activity like the following: travel risks such as accidents, crashes, and risks from autos operated by UA as well as autos operated by other individuals or entities, poorly maintained roads, sidewalks, as well as criminal acts that can result in serious injury or death; premises risks, including those that may be owned by others and risks from water, such as drowning; injury risks from falls, collisions, or accidents (such as concussions, cuts, bruises, torn muscles, sprains, broken bones, etc.); outdoor risks, such as weather, lightning, heat or cold, bites, stings, allergic reactions, dehydration, heat stroke, hypothermia, drowning, sunburn, animals, and limited access to medical care; risks from others involved in the Activity (such as transmitted illnesses or others’ actions); health risks, such as concussion(s), respiratory events, neck/spinal injuries, heart attacks, sudden illness, non-fatal/fatal drowning and other risks inherent in any strenuous activities, including, but not limited to, the injury risks identified herein; equipment risks, including failure, misuse, inherent risks, and risks from UA or non-UA equipment; and other risks and hazards beyond the control of UA or others. Participant acknowledges that he/she has had an opportunity to investigate the Activity before executing this form and, knowing and understanding all risks associated with the Activity, Participant nevertheless **VOLUNTARILY AGREES TO ASSUME AND ACCEPT ALL RISKS** that potentially accompany participation in the Activity. Participant also agrees to take all reasonable steps to avoid any risks, injury, or death.

**RELEASE OF LIABILITY, ASSUMPTION OF THE RISK, AND INDEMNIFICATION**

**Health Care and Emergencies.** Participant understands that UA does not accept responsibility or liability for providing health care services or health care insurance for those participating in the Activity. It is Participant’s responsibility to consult with a medical professional prior to the Activity. Participant warrants the physical fitness of those participating in the Activity. Participant agrees to be responsible for payment of any fees and charges that may be imposed by any doctor or hospital facility in the provision of medical care to Participant.

**Conduct.** Participant agrees to follow posted signs and published rules as well as instructions and directions of any UA representative or other official associated with the Activity.

**ACKNOWLEDGEMENT.** I, AS PARTICIPANT, ACKNOWLEDGE THAT I HAVE READ, CONSIDERED, AND UNDERSTAND THIS ENTIRE DOCUMENT AND ITS EFFECT ON MY RIGHTS. RELYING WHOLLY UPON MY OWN JUDGMENT, BELIEF, AND KNOWLEDGE ABOUT THE RISKS ASSOCIATED WITH THE ACTIVITY, WHICH INCLUDE SIGNIFICANT INJURY OR DEATH, AND THE EFFECT OF THIS DOCUMENT, I VOLUNTARILY AGREE TO EXECUTE THIS DOCUMENT AND PARTICIPATE IN THE ACTIVITY. I ACKNOWLEDGE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS HAVE BEEN MADE TO ME SEPARATE AND APART FROM THE TERMS OF THIS DOCUMENT. I VOLUNTARILY SIGN THIS AGREEMENT OF MY OWN FREE WILL FULLY INTENDING TO LEGALLY BIND MYSELF, MY HEIRS, SUCCESSORS, AND ASSIGNS TO ITS TERMS.

**\*If Participant is under the age of 19, a Parent/Guardian must execute this document as the Participant and identify the underage Participant as a “Child Participant” below. THE SIGNING PARENT/GUARDIAN CERTIFIES THAT THEY ARE OVER THE AGE OF 19, HAVE READ, CONSIDERED, AND UNDERSTAND THIS DOCUMENT, UNDERSTAND THE RISKS, INCLUDING INJURY OR DEATH, ASSOCIATED WITH THE ACTIVITY, ARE VOLUNTARILY ALLOWING CHILD PARTICIPANT(S) TO TAKE PART IN THE ACTIVITY, HAVE THE LEGAL RIGHT TO SIGN ON BEHALF OF THE CHILD PARTICIPANT(S), ARE SIGNING THIS DOCUMENT VOLUNTARILY, ACKNOWLEDGE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS HAVE BEEN MADE SEPARATE AND APART FROM THE TERMS OF THIS DOCUMENT, AND AGREE TO ENTER INTO THE SAME, FULLY INTENDING TO LEGALLY BIND PARTICIPANT AND CHILD PARTICIPANT(S) LISTED BELOW UNDER THE AGE OF 19 AS WELL AS THEIR HEIRS, SUCCESSORS, AND ASSIGNS TO THE TERMS OF THIS DOCUMENT.**

Printed Name of Participant (and/or Parent/Guardian) \_\_\_\_\_

Signature of Participant (and/or Parent/Guardian) \_\_\_\_\_

Participant e-mail address \_\_\_\_\_

Date \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Child Participant \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child Participant \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child Participant \_\_\_\_\_ Age: \_\_\_\_\_