



Last Name

Water Aerobics Registration
Fall 2019 Session: August 26 – October 20
No class: September 2

Adult's Name: _____ Email Address*: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell: _____
Date of Birth: _____ Gender (M / F)
Please describe any health/behavioral issues, including allergies: _____

Please indicate your class preference in the boxes below:

Tues. [] 11:00 – 11:45 AM Thurs [] 11:00 – 11:45 AM

Please DO NOT schedule me on the following days: _____

Cost: 8 weeks: \$109.20
Drop-In: \$14.65 per class

Payment must be included at time of Registration**

- Charge existing card on file (last 4 digits) _____
Cash/Check
Use card below:
Credit Card Number: _____ Exp. Date: _____
Cardholder's Signature: _____

*All class bookings will be emailed; please make sure your email address is legible.
**All credit expires one (1) year from time of purchase.



Water Aerobic Policies

_____ Effective as of the 2011 Nov/Dec Session, any monetary credit on your account shall expire one (1) year
Initial after date of purchase.

_____ There are no refunds for the Water Aerobic Classes.
Initial

_____ Makeups for missed lessons are allowed if cancelled 2 hours prior to the class. All makeup lessons must
Initial be used within 60 days of the cancelled class. Refunds for unused makeups are not permitted.

DuPage Swimming Center Waiver and Assumption of Risk:

Important Information

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

You are solely responsible for determining if you or your minor child/ward is/are physically fit and/or 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

Recreational activities/programs are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. As such, participants must understand that certain risks, dangers and injuries due to slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, and all other circumstances, inherent to indoor swimming activities/programs exist. In this regard, it must be recognized that it is impossible for the DuPage Swimming Center to guarantee absolute safety.

Waiver and Release of All Claims

Please read this form carefully and be aware that in signing up and participating in private swimming lessons, 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 said programs/activities.

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, 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 these programs/activities against the DuPage Swimming Center, including its officials, agents, volunteers and employees.

I do hereby fully release and forever discharge the DuPage Swimming Center, including its officials, agents, volunteers and employees from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities. This release shall be binding upon me and my heirs, legal representatives, and assigns.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. **PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.**

Photo Release

I understand that my child/ward or I may be photographed or videotaped while participating in a DuPage Swimming Center activity. I give permission for photos and videotapes of my child/ward or me to be used to promote the DuPage Swimming Center. Such photos and videotapes will remain the property of the DuPage Swimming Center.

I HAVE READ AND FULLY UNDERSTAND THIS WAIVER AND RELEASE OF ALL CLAIMS ON THIS FORM.

Name of Participant (if over 18) _____ Print: _____ Date: _____
or Parent/Guardian:

Signed: _____

Please print the name(s) of Child/Children: _____

A parent/legal guardian must fill out the registration form and sign the waiver for children under 18 years. If you are not the parent, proof of legal guardianship is required in writing.