

Learn to Swim

Swimmer Name(s):

_____ Age: _____
_____ Age: _____
_____ Age: _____

Guardian/Parent: _____ Email: _____

Primary phone: _____ Alternate Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Summer 2020

Choose Level: Check appropriate boxes

Waterbabies (Names) _____

Preschool (Names) _____

Level 1 (Names) _____

Level 2 (Names) _____

Level 3 (Names) _____

Level 4 (Names) _____

Semiprivate Lesson(s):

Member Price: Three Lessons—\$35, Seven Lessons—\$70

Non-Member Price: Three Lessons—\$50, Seven Lessons—\$100

Private Lesson(s):

Member Price: Three Lessons—\$45, Seven Lessons—\$85

Non-Member Price: Three Lessons—\$70, Seven Lessons—\$130

Group Lesson Price:

Student: \$50, Member: \$55, Non-Member: \$65

*All prices are per person

Comments for Instructors:

Please select session and all available times

Session A: Weekdays

June 8, 9, 10, 11, 15, 16, 17

4 p.m. 5 p.m.

(Registration closes June 5th at noon)

Session B: Sundays

June 14, 21, 28

July 12, 19, 26

4 p.m. 5 p.m.

(Registration closes June 12th at noon)

Session C: Weekdays

July 13, 14, 15, 16, 20, 21, 22

4 p.m. 5 p.m.

(Registration closes July 10th at noon)

Preferred Private/Semi Private Days & Times:

Days: _____

Times: _____

Office use only

Scheduled Lesson Times: _____

Instructor: _____

Check

Cash

Credit Card (please call with credit card information)

Any questions? Contact Ashland University Recreation Services: RecServices@ashland.edu 419.207.6375

Mail registration form with payment to: Ashland University Department of Recreational Services
401 College Avenue | Ashland, Ohio 44805

**ASHLAND UNIVERSITY RECREATION CENTER
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In **CONSIDERATION** of being permitted to enter The Arthur L. and Maxine Sheets Rybolt Health Sciences Center and Recreation Center for any purpose, including, but not limited to observation, use of facilities or equipment, or participation in any way, the undersigned hereby acknowledges, agrees, and represents that he or she has, or immediately upon entering, will inspect such premises and facilities. It is further warranted that such entry in The Arthur L. and Maxine Sheets Rybolt Health Sciences Center and Recreation Center for observation, participation, or use of any facilities or equipment, constitutes an acknowledgement that such premises and all facilities and equipment thereon have been inspected and that the undersigned finds and accepts same as being safe and reasonably suited for such observation or use.

IN FURTHER CONSIDERATION IN BEING PERMITTED TO ENTER THE ARTHUR L. AND MAXINE SHEETS RYBOLT HEALTH SCIENCES CENTER AND RECREATION CENTER FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION, USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY WAY, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE Ashland University, the Department of Recreational Services, its employees, instructors or agents; (hereinafter referred to as "releases") from all liability to the undersigned; for any loss or damage, and any claim or demands therefore on account of injury or illness to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasers or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasers and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about The Arthur L. and Maxine Sheets Rybolt Health Sciences Center and Recreation Center premises or in any way observing or using any facilities or equipment of The Arthur L. and Maxine Sheets Rybolt Health Sciences Center and Recreation Center whether caused by negligence of the releasers or otherwise.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to the negligence of the releasers or otherwise, while the undersigned is in, upon, or about the premises of The Arthur L. and Maxine Sheets Rybolt Health Sciences Center and Recreation Center and or while using the premises or any facilities or equipment hereon.

THE UNDERSIGNED further expressly agrees that the forgoing **RELEASE, WAIVER, AND INDEMNITY AGREEMENT** is intended to be as broad and inclusive as permitted by the laws of the State of Ohio, and that if any portion thereof is held to be invalid, it is agreed that balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ, AFFIRMS THAT THEY ARE OF LEGAL AGE AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement, apart from the forgoing written agreement, have been made.

I HAVE READ AND SIGNED THIS RELEASE:

Name (print): _____ Name (signature): _____ Date: ___/___/___

AU has my permission to use photos taken of myself or my child(ren) for use in promotional materials.

Yes No

MINORS (under the age of 18)

THE PARENT/GUARDIAN HEREBY AGREE that if their son/daughter is under the age of 16, they will be accompanied by an adult while they are in the Recreation Center. If their son/daughter is older than 16, they are able to use the Recreation Center without their parent/guardian present with full knowledge of potential risks that may occur.

Signature of Parent/Guardian of Dependent: _____ Date: ___/___/___

Phone Number of Parent/Guardian: _____

Minor's Name: _____ Minor's Date of Birth: ___/___/___