

Willowood Swim Club

Water Aerobics Application

Participant Name: _____

Circle one: **Member** (\$45) **Non-Member** (\$60)

Address: _____

Email Address: _____

Telephone Number: _____

Medical Conditions (if any): _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Course is approximately ten weeks of 2 x 60-minute lessons per week

*This may be slightly less if there is inclement weather and we are unable to make up dates

Liability Waiver & Release; As a condition of participation in any Willowood Swim Club program, I agree as a participant or parent/guardian of a participant in the program, to assume all risks and hazards of engaging in a Willowood activity, including assuming all risks for personal injury, death and property damage.

I agree to hold harmless Willowood Swim Club, its staff, instructors, volunteers, or representatives from liability for any losses, damages or injuries that may occur as a result of my participation in these activities regardless of cause. I further agree that there is risk associated in regard to the COVID-19 pandemic and possible exposure as a participant.

I understand that by participating in a Willowood activity, I consent to photo and/or video images taken by Willowood Swim Club staff during this activity to be used in any Willowood publications, social media posts, reports and websites.

Acknowledgement of Understanding: I have read the above and understand the terms and conditions set forth in the liability waiver and release.

I certify that the information above is true and correct to the best of my knowledge.

Signature of participant: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(if participant is a minor, parent/guardian signature is required)

For Office Use Only:

Cost: _____ Check# or Cash _____ Floatation Belt and Dumbbell # _____