



\$175/summer
\$45/10 PASS CARD
\$5/SESSION

DATE:
TOTAL:



WATER AEROBICS REGISTRATION

NAME:

ADDRESS:

PHONE:

EMAIL:

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT PHONE:

WHAT IS YOUR MOST DESIREABLE AEROBICS TIME?

9:00 AM

12:00 PM

6:00 PM

7:00 PM

DO YOU HAVE ANY SPECIAL REQUESTS OR SUGGESTIONS FOR US FOR CURRENT OR FUTURE AEROBICS CLASSES?

WAIVER AND RELEASE OF LIABILITY

RELEASE OF LIABILITY, WAIVE OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT. BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

I, the undersigned, wish to swim at the City of Raymond's DR. O.R. NEVITT SWIMMING POOL in Raymond, WA (hereinafter referred to as "the POOL"; I recognize and understand that playing at the POOL involves certain risks. Those risks include, but are not limited to, the risk of injury resulting from possible malfunction of the equipment used in the POOL and injuries resulting from tripping or falling over obstacles in the pool area.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of participating in the "POOL", I hereby agree as follows:

- TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against DR OR NEVITT RAYMOND POOL, their directors, officers, employees, agents and representatives (all of whom are hereinafter referred to as "the Releasees");
- TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I may suffer or that my next of kin may suffer as a result of my participation at the POOL due to any cause whatsoever, INCLUDING NEGLIGENCE ON THE PART OF THE RELEASEES;
- TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability from any damage to property of, or personal injury to, any third party, resulting from my participation at the Swimming POOL;
- That this Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, and assigns, in the event of my death.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

SIGNATURE:

DATE:

PARENT OR GUARDIAN IF UNDER AGE 18