

# Aquatic Program Registration Fall/Winter 2019

PLEASE PRINT

Main Account Name (If Georgetown Recreation Center Member) / Parent or Guardian:			
Street Address:			
City:	State:	Zip:	E-mail:
Home Number:		Work:	Cell:
Emergency Contact Name & Number:			

Participant Name	M/F	Date of Birth	Class Code	Class Title	Fee	Payment	Date	Emp.Int.
1.								
2.								
3.								
4.								
5.								

**Aquatic Classes tend to fill quickly, please list alternate options below.**

Option 2	Option 3
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I have read and understand the Refund Policy below.	Initial _____
I have read and understand the Waitlist Policy below.	Initial _____
I have read and understand the Inclement Weather Policy below.	Initial _____

<b>AQUATIC PROGRAMS REFUND POLICY</b>
Payment for each class session is due at time of registration. Refunds will only be given if notice is received <b>7 or more days prior</b> to the start of an Aquatic Program. No refund will be given with less than 7 days notice. Complete refunds will only be given for departmental cancellations. Because of staffing requirements, fees will not be prorated for partial attendance.
<b>WAITLIST POLICY</b>
Due to instructor/participant ratios, each class and program will have a maximum number of spots available. Once the class maximum is reached, subsequent registrants will be notified that the class is full and you will have the option to be placed on the waiting list. Should spots become available, program openings will be filled on a first-come, first-served basis from registrants that appear on the waiting list.
<b>INCLEMENT WEATHER POLICY</b>
All our pools close for 30 minutes every time staff see lightning or hear thunder. When this occurs, everyone will be asked to get out of the water immediately, and the 30-minute countdown will start over each time lightning strikes or thunder is heard. This may result in lessons/classes being canceled for the day. While one missed class will not be made up, if there is a second cancellation due to bad weather, arrangements may be made to make up the lost time by adding additional time to remaining classes, depending of the course. In case of inclement weather during lessons at the Recreation Center, a water safety lesson will be given in lieu of water time.

**RELEASE, MEDICAL RELEASE/PERMISSION, PHOTO RELEASE, ACKNOWLEDGEMENT AND ACCEPTANCE OF RISKS  
INDEMNIFICATION AGREEMENT**

I, the legal parent and/or guardian of and on behalf "PARTICIPANT", for and in consideration of the privilege of participating in the City of Georgetown Parks and Recreation Learn To Swim Program ("PROGRAM") and recognizing that these activities involve certain inherent dangers, do hereby agree to assume all risks attendant to such activity, including, but not limited to, pedestrian accidents on either public or private property, and do for myself, for and with my heirs, hereby agree to waive all claims against and release, indemnify, defend and hold harmless the CITY OF GEORGETOWN, all of its officers, employees, agents and representatives, ("CITY") in both their public and private capacities, from and against any and all liability, claims, suits, losses, damages and causes of action, including all expenses of litigation and/or settlement for death, injury to, or death of any person, or for loss of, damage to, or loss of use of any property arising out of or in connection with participation in the PROGRAM.

Such indemnity shall apply regardless of cause or of any fault or negligence of the CITY. It is the express intention of the parties hereto, both participant and the CITY, that the indemnity provided for in this paragraph is indemnity by the participant to indemnify and protect the CITY, from the consequences of the CITY's own negligence or participant's own negligence, whether that negligence is the sole or concurring cause of any injury, death, or damage.

I certify that PARTICIPANT has not been advised by a health care professional that PARTICIPANT should not participate in the PROGRAM or other similar physical activities. In the event PARTICIPANT is injured as a result of his/her participation in the PROGRAM, and it becomes necessary that he/she receive medical treatment, I expressly release the CITY and waive any and all claims against the CITY for any and all liability incurred as a result of the medical treatment received. This release and waiver expressly includes all costs of emergency care and/or transportation. I grant permission for any emergency medical treatment, operation, or anesthesia that might become necessary.

I authorize the CITY to use PARTICIPANT's photograph for promotional and/or commercial purposes, including, but not limited to, brochures, newsletters, websites, and television media. I release the CITY, from any liability for use of PARTICIPANT's picture.

I expressly agree that this waiver of liability, release, indemnification and hold harmless agreement is intended to be as broad and as inclusive as is permitted by the laws of the State of Texas, and that if any portion, word, term, phrase, clause or paragraph of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

It is further agreed that the execution of this waiver of liability, release indemnification and hold harmless agreement will not constitute a waiver by the CITY of the defense of governmental immunity where applicable, or any other defense recognized by federal or state courts.

I have read this waiver of liability, release, indemnification and hold harmless agreement and understand all of its terms. I am aware of the risks associated with participation in the PROGRAM and execute this document voluntarily and with full knowledge of its significance.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_