

PORTOLA POOL SWIM LESSON SIGN UPS

• **Session:** *(Please Circle One)* 1 2 3 AM PM

• **Level:** *(Please Circle One)* 1 2 3 4

• **Private Lessons:** *(Please Circle One)* 1 2 3 AM PM

• **Mother Child** Session _____ am/pm

• **Jr. Lap Swim**

_____ (session date) _____ (Times am/pm)
To be completed by staff

PORTOLA POOL INFORMATION SHEET

- *For the safety of your child and the awareness of the instructor or lifeguard please complete the following:*

Childs Name: _____

Age: _____

Is the child taking any medications at this time: ____ No ____ Yes

If yes, what medications:

Does the child have any physical/mental conditions that the instructor should be aware of?
_____ No _____ Yes

If yes, please explain:

Describe the child's experience with water activities:

Does the child require any special accommodations?

Please read & complete both sides

WAIVER, RELEASE AND INDEMNITY AGREEMENT

For and in consideration of permitting _____ (*Participant/Child*) to enroll in and participate in recreation activities and class instruction of **SWIMMING LESSONS** offered by the CITY OF PORTOLA the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to him/herself arising as a result of engaging or receiving instructions in said activity or any activities incidental or instruction may continue, and the undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will her/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against the CITY OF PORTOLA or any of its officers, agents, servants or employees for any said cause of action whether the same shall arise by the negligence of any said persons, or otherwise.

IT IS THE INTENTION OF _____ (*Guardian/Parent*) BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE, THE CITY OF PORTOLA FROM LIABILITY FOR PERSONAL INJURY, & PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

The undersigned acknowledges that he/she has read the foregoing and is fully and completely advised of the potential danger incidental to engaging in the activity and instruction of **SWIMMING LESSONS**, and is fully aware of the legal consequences of signing this instrument.

Guardian/Emergency Contact

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

ADDRESS: _____

PHONE: _____

AMOUNT PAID: _____

Please complete both sides