

**City of Corning
Aquatics Department
Swim Lesson Registration Form**

Name of Participant: _____

Name of Parent/ Guardian: _____

Address: _____

City: _____ **Zip:** _____

Phone #s: _____ **Work:** _____ **Cell:** _____

Emergency Contact: _____

Session Dates: _____ **Time:** _____

Are you a City Resident? (Circle one) YES NO

Fees are per child per session: Resident: \$20 Non-Resident: \$25

AGREEMENT, WAIVER, AND RELEASE

I HAVE CAREFULLY READ DESCRIPTION OF CLASS FOR WHICH I/WE ARE REGISTERING AND IN CONSIDERATION FOR BEING PERMITTED BY THE CITY OF CORNING TO PARTICIPATE IN THE ACTIVITY LISTED ABOVE AND AS DESCRIBED IN THE ATTACHED SWIM LESSON SCHEDULE, I HEREBY WAIVE, RELEASE AND DISCHARGE ANY AND ALL CLAIMS FOR DAMAGES FOR PERSONAL INJURY, DEATH OR PROERTY DAMAGE WHICH I MAY HAVE, OR WHICH MAY HEREAFTER ACCRUE TO ME, AS A RESULT OF PARTICIPATION IN SAID ACTIVITY. THIS RELEASE IS INTENDED TO DISCHARGE IN ADVANCE THE CITY OF CORNING (ITS OFFICERS, EMPLOYEES AND AGENTS) FROM ANY AND ALL LIABILITY ARISING OUT OF OR CONNECTED IN ANY WAY WITH MY PARTICIPATION IN SAID ACTIVITY. IT IS UNDERSTOOD THAT THIS ACTIVITY INVOLVES AN ELEMENT OF RISK AND DANGER OF ACCIDENTS AND KNOWING THOSE RISKS I HEREBY ASSUME THOSE RISKS. IT IS FURTHER AGREED THAT THIS WAIVER, RELEASE AND ASSUMPTION OF RISK IS TO BE BINDING ON MY HEIRS AND ASSIGNS. I AGREE TO IDEMNIFY AND TO HOLD THE ABOVE PERSONS OR ENTITIES FREE AND HARMLESS FROM ANY LOSS, LIABILITY, DAMAGE, COST OR EXPENSE WHICH THEY MAY INCUR AS THE RESULT OF MY DEATH OR INJURY OR PROPERTY DAMAGE THAT I MAY SUSTAIN WHILE PARTICIPATING IN SAID ACTIVITY.

PARENTAL CONSENT: (THIS FORM MUST BE COMPLETED AND SIGNED BY PARENT/ GUARDIAN IF APPLICANT IS UNDER 18 YEARS OF AGE.) I HEREBY CONSENT THAT MY SON/DAUGHTER, LISTED ABOVE, PARTICIPATE IN THE ACTIVITY LISTED ABOVE AND AS DESCRIBED IN SWIM LESSON SCHEDULE AND I HEREBY EXECUTE THE AGREEMENT, WAIVER AND RELEASE ON HIS/HER BEHALF. I STATE THE SAID MINOR IS PHYSICALLY ABLE TO PARTICIPATE IN THE SAID ACTIVITY. I HEREBY AGREE TO INDEMNIFY AND HOLD THE PERSONS AND ENTITIES MENTIONED ABOVE FREE AND HARMLESS FROM ANY LOSS, LIABILITY, DAMAGE, COST OR EXPENSE WHICH THEY MAY INCUR AS A RESULT OF THE DEATH OR INJURY OR PROPERTY DAMAGE THAT SAID MINOR MAY SUSTAIN WHILE PARTICIPATING IN SAID ACTIVITY.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF CORNING AND I SIGN IT OF MY OWN FREE WILL.

Parent/ Guardian Signature: _____

Printed Name: _____ **Date:** _____