

PINE MOUNTAIN LAKE ASSOCIATION
Program Registration and Liability Release



Please Print

Participant's: Swim Level _____

Name _____ Age _____ DOB _____ M/F

Contact Person _____ Phone _____

Cell _____ Work _____

Physical Address _____ City _____ Unit ___ Lot ___

Mailing Address _____ City _____ Zip _____

Emergency Contact _____ **EMERGENCY PHONE** _____

Doctor _____ Hospital _____
Name/Relationship of Emergency Contact

SESSION 1: June 13 – June 23, 2016

SESSION 3: July 11– July 21, 2016

SESSION 2: June 27 – July 7, 2016

SESSION 4: July 25 – Aug 04, 2016

Lesson times will depend on the attendance and the discretion of the WSI (Water Safety Instructor). Please be patient with our staff if lessons and times vary due to the different needs of the children.

I am aware that this activity is a potentially dangerous activity and involves certain risks including, but not limited to risks from body contact, falls and collisions, physical confrontation with fellow participants and/or non-participants, carelessness, auto accidents, contact with equipment, weather conditions, communicable diseases, heat exhaustion, drowning, ear infection, eye and skin irritation, motion sickness, stolen personal property, food poisoning, risks from physical exhaustion.

I understand these risks and ON BEHALF OF MYSELF OR MY CHILD OR WARD, I AGREE TO INDEMNIFY AND RELEASE PINE MOUNTAIN LAKE ASSOCIATION, ITS OFFICERS, VOLUNTEERS, AGENTS AND EMPLOYEES AND ALL SPONSORS FROM ALL LIABILITY, CLAIMS, DAMAGES, ACTIONS, AND RELATED COSTS AND EXPENSES (INCLUDING REASONABLE ATTORNEY'S FEES), THAT MAY ARISE OUT OF MY OR MY CHILD OR WARD'S PARTICIPATION IN THIS ACTIVITY.

As a participant or parent/guardian, I hereby consent to emergency treatment for myself or my child or ward as a result of accident or injury. I further agree to pay all costs incurred as a result of the said treatment.

I have fully read this LIABILITY RELEASE, including the Participant Behavior and Refund Policies printed on the reverse, and understand their content. Furthermore, I HAVE EXPLAINED THE SIGNIFICANCE OF THIS RELEASE OF LIABILITY TO MY CHILD OR WARD.

Signature of Parent/Guardian
(Participant's signature if over 18)

Date

Printed Name of Parent/Guardian

Register at the Pine Mountain Lake Swim Center

12765 Mueller Drive
Groveland, CA 95321
209-962-8634

STAFF USE ONLY

WSI Inst. _____
Int. _____
Fee Amount \$ _____
Paid Cash \$ _____
Paid Check \$ _____
Check # _____
Receipt # _____