

SWIM LESSON REGISTRATION

PLEASE PRINT

Participant's Name: _____ Date of Birth: _____ Age: _____

Address: _____

Parents' Phone # _____ Work # _____ City or County Resident
Circle one

➤ **Swim Level:** _____

➤ **Date class offered** _____

➤ **Time:** _____

Session Fee \$50

Official Use Only

❖ Fee: _____ Check # _____ Cash _____ Received By: _____ Date _____

Release of liability

I understand that because of the potentially hazardous nature of this activity that an injury might be sustained and that the City Of Bardstown, the Recreation Department and staff will exercise care and precaution in the supervision thereof. However, recognizing the inherent risk of injury, I nevertheless waive, release and discharge and agree to indemnify and hold harmless, the City of Bardstown, their officials, employees, agents and staff, including but not limited to the personnel and volunteers from any and all liability for injuries or damages which may arise from any and all negligent acts or conduct of commission or omission, if any other injury arising from this program which may be sustained by me or my child.

Parent(s) or Guardian Signature: _____ Date: _____

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