

# SPRING 2014 SWIM LESSONS OAK RIDGE RECREATION & PARKS

Classes are offered Tuesdays OR Thursdays for 8 weeks.

**The cost is \$65 for 8 – 30 minute sessions.**

*\*A nonresident fee of \$20 per adult will be charged if applicable.*

<b>ADULT LESSONS</b>	<b>TUESDAYS</b> March 25 <sup>th</sup> – May 13 <sup>th</sup> 7:00 – 7:30 pm	<b>THURSDAYS</b> March 27 <sup>th</sup> – May 15 <sup>th</sup> 7:00 – 7:30 pm
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<b>*Name:</b>	<b>*Age:</b>
<b>*Address:</b>	
<b>*Contact E-mail:</b>	<b>*Phone:</b>
<b>*Emergency Contact:</b>	<b>*Phone:</b>
<b>List any medical concerns, known allergic reactions, or other special problems :</b>	

## CONSENT AND RELEASE FORM

### City of Oak Ridge Recreation & Parks Department Aquatic Programs

I have been examined by a physician within the past 12 months and is found to be physically able to participate in the Recreation and Parks Department Aquatic Programs, which may include physical activities requiring rapid and strenuous movement. Rules and supervision are utilized to prevent or reduce the likelihood of physical injury. However, injuries, including those to the muscle, skeletal, circulatory and nervous systems, can occur. I fully understand the risk of injury arising from my participation in Recreation and Parks Department Aquatic Programs and I accept that risk as a part of granting permission for my participation. I also grant permission for me to participate in all trips planned for the Recreation and Parks Department Aquatic Programs. I, on behalf of my heirs, executors, assigns and administrators do hereby release and discharge the City of Oak Ridge and any and all of its agents, employees and servants, from any and all liability of every kind, character and description from and by reason of any injury suffered by myself that may arise while I am participating in and under the supervision of the City of Oak Ridge Recreation and Parks Aquatic Programs. It is also agreed that this is the full and final release for the injuries mentioned above, and for all other claims or demands I will ever have or now have against the said City of Oak Ridge as a result of my participating in its Aquatic Programs.

In case of an emergency, the City of Oak Ridge and/or its employees have my authorization to obtain emergency medical aid for myself. I agree to pay all medical expenses incurred as a result of my participation in the Aquatic Programs.

I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts for promotions of this activity.

\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Date)

FOR STAFF USE ONLY:			
<b>Staff:</b>	<b>Aquatics Fee:</b>	<b>Non-Resident Fee:</b>	<b>TOTAL:</b>