



Adult Swim Clinics
Summer 2015

Looking forward to getting back into our sparkling clean and leak free pool to swim laps? Interested in a technique refresher, or maybe interested in finally learning about efficient swimming?

Join us for a series of adult swim clinics hosted by Wrangell Parks and Recreation.

Thursday, 16 July 5:15 pm – 6:30 pm: Swimming Fundamentals
Saturday, 18 July 10:00 am – 11:15 am: Freestyle Swimming
Saturday, 01 August 10:00 am – 11:15 am: Breaststroke Swimming
Saturday, 29 August 10:00 am – 11:15 am: Turns

Additional info, and sign up for clinics at the pool.
In-water sessions limited to 10 swimmers/clinic.

(additional in-water sessions will be added if there is interest)

\$5 per Clinic/ \$16 if you sign up for all 4 Clinics

Questions?

Contact Bruce at mcqueenbn@gmail.com or 874-2882.

Wrangell Parks & Recreation
Adult Swim Clinics
Participation Agreement & Liability Waiver

In consideration of my being permitted by the City & Borough of Wrangell Parks & Recreation Department, to use its facilities or equipment and participate in its programs, I agree to the following waiver and release and make the following representations.

1. I acknowledge that there may be inherent risks in many recreational activities. I agree not to participate in any activity unless physically able to do so.
2. I acknowledge that I am responsible for the inspection and proper use of all Parks & Recreation equipment. I agree to notify a representative of Parks & Recreation if I notice any unsafe equipment or users.
3. I agree to abide by all rules as posted or described by Parks & Recreation. I understand that any violation of the rules or behaviors that detract from the experience of others may be reason to be asked to leave the facilities.
4. I expressly agree and promise to accept and assume all of the risks existing in any activity that I engage in using Parks & Recreation equipment or in connection with any Parks & Recreation program.
5. I understand that Parks & Recreation assumes no responsibility for my personal property while I am using the facilities, and that I am completely responsible for safeguarding my personal property.
6. I hereby voluntarily completely release, forever discharge, and agree to hold harmless, defend and indemnify the City & Borough of Wrangell and Parks & Recreation from any liability, claims, demands, actions or rights of action that are related to, arise out of, or are in any way connected with my participation in any Parks & Recreation activity or use of Parks & Recreation equipment and facilities, including specifically, but not limited to, the negligent acts or omissions of Parks & Recreation for any and all personal injury that I may incur. In signing this document, I will have no right to make a claim or file a lawsuit against the City & Borough of Wrangell or Parks & Recreation, or the other released parties, even if they or any them negligently cause my bodily injury.
7. This release applies to and binds my personal representatives, heirs, and my family.
8. I consent to any emergency medical treatment as may be necessary during all periods in which I participate in any activity under the supervision of the Parks & Recreation Department. I waive any liability of the City & Borough of Wrangell and any of its agents or employees arising out of such medical treatment.
9. I understand that consumption of alcohol and use of tobacco is prohibited during all Parks & Recreation sponsored activities, regardless of the age of the participants.

Participant's Name:		Allergies / Medical Conditions:	
Participant's Mailing Address:		Email Address:	
Day/Evening Phone:		Emergency Contact/Phone:	
Participant's Signature:			
Parent/Guardian Signature: (if Participant Under 18 Years of Age)			
		Participant Date of Birth: Age: _____	

PERMISSION AND RELEASE FOR CITY & BOROUGH OF WRANGELL (CTY) USE AND PUBLICATION OF PHOTOGRAPHS, VIDEOTAPE, AND AUDIOTAPE. I give the City permission to take, use, and publish in print, electronic format, including the Internet, video format, and audio format, the likeness or image of myself, my voice, and/or my property. I understand that my identity may be revealed in the publication, and I give permission to include, within the publication, my name, either in descriptive text or by commentary. I release the City from all claims with respect to publication or copyright ownership, including any claim I may have for compensation relating to the use of any of these materials. I have read and understand this statement and I am competent to execute this agreement.

Participant's Name (Printed)

Date

Participant's Signature (Parent's or Guardian's signature, if Participant is under the age of 18)

**Adult Swim Clinics
Registration Form 2015**

Participant's Name: _____

DOB: _____

Please circle those that apply.

Gender: Male Female

Previous Participant: YES NO If yes, what activity? _____

Pass Holder: YES NO

Pass Type: Punch Card Monthly Annual Single Family Corporate

Address: _____ PO Box: _____

City/State/Zip: _____

Email: _____

Home Phone: _____ Cell phone: _____

Alternate Phone: _____

Allergies: _____

Medical Concerns: _____

Pending or recent injuries: _____

Please Circle your swim level

Beginner

Intermediate

Advanced

Total Payment Made: _____

Date: _____