

Office Use Only:
Circle: Member / NonMember
Payment: _____
Date: _____

Lifeguarding Course Registration Agreement & Waiver

Student's Name: _____ M / F D.O.B: ____ / ____ / ____ Age: ____
Parent's Name: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Home Phone: () _____
Cell Phone: () _____ Email Address: _____

Please outline any medical conditions/allergies or any restrictions that may interfere with their activity:

Fees for Full Lifeguarding Class

Member \$250
Non-Member \$300

Fees for Review/Challenge Class

Member \$125
Non-Member \$150

Waiver

1. In consideration of my obtaining membership and or guest privileges for being allowed to use the facilities and equipment of McLeod Health & Fitness Center (MHFC). I waive any right I may have in the future to make a claim against MHFC, its managers, employees, instructors, or agents resulting from ordinary negligence on the part of MHFC and those listed. This waiver extends to any type of personal injury I might sustain in my use of the facilities of MHFC and any theft of personal property of mine lost on the premises. This Agreement shall operate as a release of any liability of MHFC and those listed for any claim that may develop arising out of ordinary negligence in the operation of MHFC.
2. I understand that strength, flexibility and aerobic exercise, including the use of equipment involves risk of injury. I am voluntarily participating in these activities and using the equipment with knowledge of the dangers involved. I assume the risk of injury that might happen to me by using the facilities and participating in the programs of MHFC.
3. I represent to MHFC that I am physically fit to participate in the activities and programs of the MHFC and that I will not extend myself beyond my abilities, or if I do so, it will be at my own risk.
4. I have been informed that I should consult with a physician concerning my participation in an exercise program and obtain from a physician, advice as how I should participate in relationship to my state of physical condition. I have also been informed that I should periodically update my state of physical condition with a physician. I either have obtained such advice from a physician or acknowledge that I have decided to participate in exercise programs without obtaining the advice of a physician.
5. I understand that the waiver and Release of Liability above stated is broad terms. If portions of this Waiver and Release of Liability are held invalid, the remainder will continue in effect.
6. I have read this Waiver and Release of Liability and understand the rights I am giving up by signing it.

Parent / Participant Signature

Date