

High Plains Scuba Swim School

Student Registration Agreement

Swimmer's Name: _____ Date of Birth: _____ Current Age: _____

Swimmer's Name: _____ Date of Birth: _____ Current Age: _____

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Swimmer's Name: _____ Date of Birth: _____ Current Age: _____

Parent/Guardian's Name: _____

Home Address: _____
Street Address City State Zip

Email Address: _____

Telephone Numbers: Home _____ Cell _____ Other _____

Thank you for being a part of the High Plains Swim School. Each of our swim teachers find it a pleasure to work with the students and to watch their skills and confidence grow. To help our teachers and students have the best learning environment, we request that you and your child adhere to the following guidelines.

Please thoroughly read and initial each item on the line.

1. All people observing swim classes in the pool area must remain at the north end in the seating area. It is a **distraction and safety hazard** to have observers outside the designated seating area. If you find that the heat and humidity of the pool area is uncomfortable, please feel free to sit near the windows in the retail portion of the store.

2. Parents are welcome to leave the store during the child's lesson should you have a quick errand. We request that you return by the time your child's class has concluded.

3. For those children waiting for someone to complete a class, we want to invite you to take them to the Kids Korner located in the northeast corner of the store. There you'll find a movie to watch, books to read and toys. Please accompany your child as they enjoy the activities and help them return the items they use to the shelves.

4. We ask that **no food or drinks** be brought into the **pool area**. You are welcome to enjoy snacks in the retail portion of the store. We encourage children to enjoy their snacks at the table in the Kids Korner. After your child has finished the snack, please help them clean up the area by wiping up any spills with a paper towel and throwing away any trash.

5. All swimmers will shower off before entering the pool. Lotions, soaps and hair products inflict an expensive toll on a pool's filter system and we want to help keep our pool in pristine condition. Swimmers must also wear appropriate swim attire made specifically for use in a pool.

6. To maintain a high level of instruction, our classes are scheduled for 30 minutes with 5 minutes between so we can talk with each parent concerning their child's progress. To help the class begin on time, please have your child showered and ready for their class by the scheduled class time. If you are late to a class, we will be unable to complete your child's full lesson.

7. Please check in at the front retail desk with your swimmer's name as you arrive so they can easily record the date on the payment card. We ask that students pay for 4 lessons **minimum** in advance. Should you choose to pay for 8 or 20 lessons at one time, you'll receive FREE Open Swim sessions along with significant savings over the single lesson pricing. Please refer to our info sheet for details.

8. When a person is scheduled for a class, we have a teacher planning to be there for the lesson. With this in mind, the following payment policy will be utilized:

- A. If you know well in advance that your child will be gone from their lesson, please record that information on the Swim School Communication Clipboard located on the west side of the main entrance in the pool area, or send a **time-stamped email** to swim@hpscuba.com.
- B. Please contact High Plains Scuba **more than 24 hours in advance** if your swimmer will be unable to attend class at swim@hpscuba.com with a **time-stamped email**. When we are notified >24 hours in advance, we are able to inform the teacher of the change in schedule and there will be **NO CHARGE FOR THE LESSON**.
- C. If you contact High Plains Scuba **less than 24 hours in advance**, **YOU WILL BE CHARGED FOR THE LESSON. No-show/No-email/No-communication results in a FULL LESSON CHARGE.**
- D. There will be **NO CHARGE** should we cancel **less than 24 hours in advance on days when severe weather should occur**, or if you email with an illness/emergency cancellation less than 24 hours in advance of the lesson time.
- E. *If you miss more than 2 consecutive weeks without communication, this will result in the forfeiture of your reserved lesson time and require rescheduling to resume lessons.*

9. Since the High Plains Swim School is an on-going swim program, we plan to see your child each week at their reserved lesson time. Should you decide to discontinue classes, please **email** advance notice to swim@hpscuba.com.

10. We offer Open Swim times one Saturday a month from **12:00 to 1:00** to give our students the opportunity to practice their skills and have fun in our comfortable pool. Each session requires a fee per swimmer (listed on our Open Swim information sheet). If your child is unable to swim independently and needs to have an adult in the water with him/her, an adult may swim at no additional cost. Please note that swim teachers will not be in the pool with students during the Open Swim Sessions. Please pick up a list of upcoming Open Swim dates on the front counter in the retail area.

11. Since we are a scuba school in addition to a swim school, periodically it will be necessary for us to close the swim school for scuba events. These closure dates will be listed on a sheet for you to take at the front counter. We will also have signs on the doors posting this information.

12. If it's necessary to make a schedule change, please contact the **Swim School Manager** at swim@hpscuba.com rather than your child's teacher. Instructors do NOT handle scheduling.

13. Lesson payment guarantees a time slot, *not instructors*. Due to ongoing staff scheduling we cannot guarantee the same instructor each lesson.

Parent or Guardian Signature

Date

THANK YOU FOR CHOOSING HIGH PLAINS SCUBA AS YOUR SWIM SCHOOL!



Waiver and Release of Liability Assumption of Risk and Indemnity Agreement

THIS FORM IS TO BE USED FOR ALL LEVELS OF SWIMMING

I _____
▲ PARTICIPANT'S NAME HEREBY acknowledge that SWIMMING IS A POTENTIALLY DANGEROUS ACTIVITY and involves risk.

I HEREBY RELEASE, WAIVE, DISCHARGE AND AGREE NOT TO SUE SSI (Swim Schools International), _____
▲ SWIM SCHOOL High Plains Scuba Center the swim school, or any of its officers, teachers, swim professionals or employees (the Releasees) FROM ALL LIABILITY TO MYSELF, my personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF INJURY TO MY PERSON NOW AND FOREVER, ARISING OUT OF OR RELATED TO PARTICIPATION AND/OR INSTRUCTION IN SAID COURSE, ACTIVITIES, OR ANY OTHER RELATED SWIMMING OPERATIONS THAT MAY OCCUR, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HEREBY ASSUME FULL RESPONSIBILITY FOR ANY RISK now and forever, arising out of or related to participation and/or instruction in said course, activities, or any other related swimming activities, whether foreseen or unforeseen and whether caused by the negligence of the Releasees or otherwise, I HEREBY SEPARATELY agree to INDEMNIFY and SAVE and HOLD HARMLESS the Releasees from any loss, liability, damage or cost that they may incur, now and forever, arising out of or related to participation and/or instruction in said course, activities, or any other related swimming operations, whether caused by the negligence of the Releasees or otherwise.

This Waiver and Release of Liability, Assumption of Risk extends to all acts of negligence by Releasees, and is intended to be as broad and inclusive as permitted by the laws of the Province or State in which the activities are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I UNDERSTAND and agree that the Swim School and their affiliated Swim Teachers, associated with the program in which I am participating, are licensed to use various trademarks and to conduct swim training, but are not agents, employees or franchisees of SSI or its parent, subsidiary and affiliated corporations ("SSI").

I FURTHER UNDERSTAND that the Swim School and their affiliated Swim Teachers business activities are independent, and are neither owned nor operated by SSI, and that while SSI establishes the standards for swim programs, it is not responsible for, nor does it have the right to control, the operation of the business activities and the day-to-day conduct of SSI programs and/or supervision of swimmers by the Swim School and their affiliated Swim Teachers or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold SSI liable for the actions, inactions or negligence of the Swim School and their affiliated Swim Teachers and other affiliated personnel associated with the activity.

I HAVE READ this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, am aware of its legal consequences, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I have had the opportunity to personally discuss with the swim teacher the risk in the swimming course.

Participant's Name _____ Date _____
▲ Name (PLEASE PRINT) ▲ (SIGNATURE REQUIRED) If under 18 parent/guardian sign below ▲ (DD / MM / YY)

JUNIOR RISK AWARENESS VERIFICATION

As parent or guardian, I am signing this document on behalf of my minor child and agree to be specifically bound to all the terms and conditions of this Agreement. I have read the agreement, fully understand the terms herein, understand that I have given up substantial rights by signing it, am aware of its legal consequences, and have signed this document freely and voluntarily without any inducement, assurance or guarantee being made to me. I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and further agree to indemnify and save and hold harmless Releasees. Additionally, I understand the risks of injury while swimming and have had the opportunity to personally discuss the swimming activities or instructional program with the swim teacher prior to commencement of the minor child's swimming activities.

Mother's Name _____ Date _____
▲ Name (PLEASE PRINT) ▲ (SIGNATURE) ▲ (DD / MM / YY)

OR

Father's Name _____ Date _____
▲ Name (PLEASE PRINT) ▲ (SIGNATURE) ▲ (DD / MM / YY)

OR

Guardian's Name _____ Date _____
▲ Name (PLEASE PRINT) ▲ (SIGNATURE) ▲ (DD / MM / YY)

* NOTE: This Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement is to be signed by the minor child as a participant, as well as by one or both parents or the guardian.