

Aquatics Registration Form

Term: _____ Year: _____

Participant Name: _____

Parent Name (for minor participant):

Family Pass participants:

1) _____ 2) _____

3) _____ 4) _____

Address _____

City _____ ZIP _____

Day Phone: _____

E-Mail: _____

Lap/Rec Swim Term Passes:

(Good for unlimited swims, non-transferable)

Child (17 and younger) \$40/term

Adult/faculty/staff \$50/term

Family (max. 5 members) \$60/term

Senior (over 65) \$40/term

Drop In Rate: \$2 child/senior \$3 adult

Aquatic Exercise Classes:

Circle One:

3 days per week \$75 2 days per week \$55

Class Name : _____

Swimming Lessons: \$35 per session

(classes and placement are subject to change)

Level: _____ Time: _____

Circle One: Sat M/W T/Th

Other Event: _____

Pymnt total: _____ **cash / ck #** _____

I have read and understand the conditions on both sides of this form prior to participating in the aquatic programs.

Signature _____

(18 and over only, valid for all named above)

Aquatics Waiver Information

• I understand that any aquatic program involves certain risks of illness or injury. I assume responsibility for any and all risks involved for those named on the reverse side. Western Oregon University and the Office of Student Affairs/ Campus Recreation are not legally or medically responsible for any injuries sustained during these fitness programs on campus. With my signature on this form I am stating that I and those named on the reverse side do not have health problems or physical limitations that would go against my doctor's recommendation for participation. I have read and understand the conditions on both sides of this form prior to participating in the fitness program offered.

• In the event of illness or injury to myself or to those named on reverse side, I hereby give my consent for medical treatment and permission to the attending physicians to hospitalize, secure proper treatment and order injection, anesthesia or surgery. I will be responsible for any medical or other charges in connection with his/her participation.

• The Oregon Tort Claim Act (30.260 to 30.300) permits Western Oregon University to accept responsibility only for the acts of its officers, employees and/or agents. Western Oregon University is prohibited from accepting any liability for the acts, omissions and conduct of persons participating in activities. I indemnify, defend and hold harmless the state, Western Oregon University, its officers, agents and employees from all claims, suits or actions of any nature arising out of participation in the above described activity, other than negligent acts of Western Oregon University, its officers, employees and/or agents.

• I hereby release all rights in perpetuity to the recording, transmission, and use of my voice, image, or likeness to Western Oregon University, its agents, and assigns. I represent that I am 18 years of age and have the right to consent to this agreement. If I am under the age of 18 years, my parent or guardian has consented to the conditions stated in this release and his/her signature confirms that consent. I hereby agree to release Western Oregon University, its agents and assigns from any and all liability and from any and all personal property rights which I might have in relation to Western Oregon University, its agents or assigns for the use of my voice, image, or likeness.

Refund Policy: If a class /program is cancelled, you will be notified and offered an alternative choice or full refund. Refunds are also available if your cancellation is received prior to the start of the second class.