

SHBR Winter Swim registration 2018-2019

(Completed registration form, signed waiver on back, and full payment are required to reserve your spot)

Parent Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone 1: _____ Cell Phone 2: _____

Email #1 _____ Email #2 _____

Swimmer #1	Swimmer #2
Name: _____	Name: _____
Sex: ____ Age: ____ DoB: _____	Sex: ____ Age: ____ DoB: _____
Swimmer #3	Swimmer #4
Name: _____	Name: _____
Sex: ____ Age: ____ DoB: _____	Sex: ____ Age: ____ DoB: _____

You will receive a confirmation email as soon as your application and payment are received and your swimmer has a confirmed space.

Google Calendar QR code to the right, to open calendar in a browser:



The sessions are from 6-7 p.m. on Sundays at Providence Rec Center, running from September 9, 2018 to May 19, 2019. There will be 26 sessions, with the holidays and school breaks off (10/7/18, 11/4/18, 11/25/18, 12/23/18, 12/30/18, 1/20/19, 2/3/19, 2/17/19, 4/14/19, and 4/21/19).

Cost is \$350 per swimmer for the Fall/Winter/Spring season, due with completed registration. Please make checks out to **Nate Carmody**. Attached payment amount: _____

All payments are non-refundable. Full payment is required to reserve your spot.

Assumption of Risk and Release of Liability Agreement:

In consideration of acceptance of the listed swimmer(s) into the Winter Swim program for 2018-2019, the undersigned assumes full responsibility for any injuries, damages, and losses which may occur to participants and/or participant's property, and I hereby release, discharge, and covenant not to sue Sleepy Hollow Bath & Racquet Club, Inc. and its officers, agents, and members; Nate Carmody; any persons assisting in the Winter Swim activities and functions; Providence Recreation Center; Fairfax County Park Authority; and the owners and agents of any of the facilities used by the Winter Swim program, from any and all claims, demands, rights of action or causes of actions, present or future, whether known, anticipated, or unanticipated, resulting from, or arising out of, participation in its activities and functions.

I agree that this Assumption of Risk and Release of Liability Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Virginia and understand that included within the scope of this Assumption of Risk and Release of Liability Agreement is any cause of action, including any cause of action based on negligence, arising from the performance or failure to perform, maintenance, inspection, supervision or negligent selection (or failure to view actions or inactions of participants) by certain releases, or negligent supervision or instruction by releases, and that if any such portion of this Assumption of Risk and Release of Liability Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This Assumption of Risk and Release of Liability Agreement shall be binding upon my heirs, personal representatives and assignees, other guardians of the minor(s) listed below, and me. It shall be governed by and construed under the laws of the State of Virginia without regard to conflicts of law principles.

I have read and voluntarily sign this Assumption of Risk and Release of Liability Agreement and further agree that no oral representations, statements, or inducements apart from the foregoing written agreement have been made, and understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature.

I also certify that I have insurance to cover any health-related costs that may arise from my child participating in this swim program.

Print Child Name(s): _____

Parent/Guardian Signature: _____

Date: _____

Printed Name: _____

This form must be completed before your child will be allowed to participate in any Winter Swim activities.