



BAY SHORE SWIM INC.

246 Main St., Suite 15A, New Paltz, NY 12561 • Tel. (800)-609-7946 • (845) 255-4242
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SWIM CLUB TERMS AND CONDITIONS:

1. Classes will start promptly at the designated time. We encourage students to arrive at least 10 minutes before the scheduled lesson.
2. If a student signs up for a group class and is absent, that class will be forfeited
3. Should the lesson be cancelled by us due to bad weather or unavoidable circumstance, the student will be informed **at least 2 hours** prior to the scheduled swim class. The cancelled class will NOT be deducted against the total number of lessons in the monthly package.
4. All students must wear swim caps.
5. There will be no running on the pool deck.
6. There will be no jumping or diving into the pools.
7. All students must obey the directions of all Swim Club staff, SCCC lifeguards and SCC personnel. Any student who is disruptive or fails to comply will be terminated from the program with no refund given.

I have read the terms and conditions, and agree to abide by it.

Date: _____

Signature: _____

BAY SHORE SWIM INC.

WAIVER/RELEASE OF LIABILITY

*PLEASE READ CAREFULLY BEFORE SIGNING.
THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.*

I, _____, the enrolled participant and/or the parent/guardian of the participant agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death.

The participant hereby agrees to participate in the _____, (the "Program") and hereby agrees to indemnify and hold harmless BAY SHORE SWIM INC., its coaches, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in the Program. The participant also agrees to indemnify BAY SHORE SWIM INC. for any damages incurred arising from any claims, demand, action or cause of action by the participant.

The participant authorizes any representative of BAY SHORE SWIM INC. to have the participant treated in any medical emergency during their participation in the Program. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

I have noted on the back of this form any medical/health problems of which the staff should be aware.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signed: _____
(Participant or Parent/Guardian)

Date:

Signed: _____
(Participant or Parent/Guardian)

Date: