



Steve Wallen Swim School, Inc.
1230 Glenhaven Court, Suite 100
El Dorado Hills, CA 95762
Business Park #3

I, _____, ACKNOWLEDGE that I have voluntarily permitted _____ (hereinafter "Enrollee")
(Parent/Guardian Name) (Student(s) Name(s))

Sex _____ Born on (MM/DD/YY) _____ to participate in a pool party, lessons, and/or activities at Steve Wallen Swim School, Inc.
(M/F) (Student(s) Birth Date(s))

I AM AWARE THAT STEVE WALLEN SWIM SCHOOL, INC. LESSONS, PARTIES, ETC., INVOLVE ACTIVE SWIMMING ACTIVITIES, AND I AM VOLUNTARILY PERMITTING MYSELF & ENROLLEE TO PARTICIPATE IN THESE ACTIVITIES WITH THE KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY TO ENROLLEE, MYSELF OR ANYONE ELSE SIGNING BELOW, THAT MAY RESULT FROM ANY OF OUR PARTICIPATION.

In exchange for Enrollee being permitted by Steve Wallen Swim School, Inc. to participate in these activities and use its facilities, I/we hereby agree that I/we will not make a claim against or sue Steve Wallen Swim School, Inc. or any of its principals, employees, or agents, for injury or damage resulting from the use of the facility or negligence or other acts, howsoever caused, by an employee or agent of Steve Wallen Swim School, Inc. as a result of Enrollee's or my/our participation.

In addition, I HEREBY ACKNOWLEDGE AND AGREE TO RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS STEVE WALLEN SWIM SCHOOL, INC., its principals, employees and agents, and to assume full responsibility for any loss or damage for any claim, lawsuit or demand for loss or damage, on account of injury to Enrollee or myself/ourselves, whether caused by the active, passive or sole negligence of Steve Wallen Swim School, Inc., its employees or agents, while Enrollee or myself/ourselves are on the property of Steve Wallen Swim School, Inc., or are participating in any way or any activity at Steve Wallen Swim School, Inc.

Should it be necessary, in the opinion of a member of the staff at Steve Wallen Swim School, Inc., to render first aid and/or assistance to Enrollee or myself/ourselves, I hereby grant permission to the staff of Steve Wallen Swim School, Inc., to render such aid and assistance if I am not present.

MEDICAL HISTORY

Is there any medical history or learning disability that we should be aware of that would help us in teaching your child? YES NO

If yes, please explain (continue on back of form if necessary):

PHOTOS

I also understand that photos are occasionally taken at Steve Wallen Swim School, Inc. and that any photo taken of my child may be used for Steve Wallen Swim School, Inc. purposes, including, but not limited to, website, print brochures or newspaper advertising for Steve Wallen Swim School, Inc.

PAYMENTS

All customers are required to leave a credit card number at the time of registration. Payments will then need to be made on or before the 1st day of class. If you wish for us to run your card on file please let us know. If you cancel within 2 weeks of the start of your session there will be a \$25 cancellation fee. If you have yet to make a payment after the first week of class, you are authorizing us to run the card on file.

REFUNDS

No refunds. All sales final on swim lessons, but can be given school credit under certain circumstances.

MAKE UP LESSONS

We allow a maximum of 2 makeups per 8 lesson session as long as you call us before the absence (no later than the day of the absence). If you do not notify us of an absence, we will not issue a Make Up. Make-up lessons are offered on a "space-available" basis within existing session and must be taken within 30 days of the absence. To schedule a Make Up, call during the week you wish to do the Make Up. Once your Make Up has been scheduled it may not be changed. There are no Make Ups for a missed Make Up. Make Ups must be scheduled while you are currently enrolled for swim lessons.

NOTE: IF THERE IS ONLY 1 CHILD IN A STANDARD (30 MIN.) LESSON, IT WILL BECOME A 20-MIN. PRIVATE

WE RESERVE THE RIGHT TO CANCEL OR CONSOLIDATE CLASSES

I have read, understand, and agree with the Consent for Emergency Medical Treatment, Informed Consent, Waiver/Release, Photos, Payments, Credit Card, Refund and Make Up policies. I also understand that an adult parent/caregiver must remain in the facility throughout my child's swim lesson.

Parent/Guardian Signature _____ Date _____

Parent(s)/Guardian(s) Information

Name (first/last) _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Email 1: _____ Email 2: _____

Comments: _____