

Department of Recreational Sports  
**ADULT INSTRUCTIONAL SWIM PROGRAM**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

\_\_\_\_\_

SESSION:  I  II  III

PRESENT SWIMMING ABILITY:

Need Stroke  
Improvement

Comfortable in the  
Water:  
Beginner

Uncomfortable in the  
Water: Beginner

Fearful of the  
Water

Have you ever had a negative experience in the water?

\_\_\_\_\_

\_\_\_\_\_

Have you ever taken swimming lessons before? If yes,  
when and what skills did you accomplish?

\_\_\_\_\_

\_\_\_\_\_

*Cost is \$55.00 and checks are made payable to the Treasurer of Virginia Tech.*

*Department of Recreational Sports  
142 McComas Hall (0358)*

Blacksburg, VA 24061  
(540) 231-6856

## Assumption of Risk

### *Release of Healthcare Verification*

I, \_\_\_\_\_, agree to indemnify, defend and hold harmless, Virginia Polytechnic Institute and State University (the university) and their officials, agents, and employees from any claims, damages, and actions of any kind or nature, whether at law or in equity, arising from my participation in the Instructional Swim Program, provided that such a liability is not attributable to the sole negligence of the university.

I realize that my participation in this activity involves risk of injury, including, but not limited to tendonitis, strains, sprains, bursitis, fractures, delayed muscle soreness, contusions, abrasions, serious eye damage, and even the possibility of death. Also, I recognize that there are many other risks of injury including serious and disabling injuries which may arise due to my participation in this activity and that it is not possible to specifically list each and every individual injury risk. By signing this form I desire, consent, and voluntarily choose to take part in all such activities. Knowing that material risk and appreciating, knowing, and reasonably anticipating that other injuries and death are a possibility, assume all the risks of normally incident to the nature of the activities and agree that the University of any of its officers, agents, and employees conducting such activities will not be responsible for any damages or injuries.

Participant's printed name: \_\_\_\_\_  
Print Name

Participant's signature: \_\_\_\_\_  
Signature Date

Witness: \_\_\_\_\_  
Printed Name Signature Date