

VT REC SPORTS CHILDREN'S INSTRUCTIONAL SWIM PROGRAM

- Child's Name _____ Age _____
- Parent's Name _____
- Address _____
- _____
- Phone Number _____
- Email Address _____

Please Choose a Level

Parent & Child Level 1 M/W	Parent & Child Level 2 T/TH	Preschool Level 1	Preschool Level 2	Preschool Level 3	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
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Parents are REQUIRED to participate in the "Parent & Child" Levels

Please Choose a Session

Session I Mon & Wed	Session I Tues & Thurs	Session II Mon & Wed	Session II Tues & Thurs	Session III Mon & Wed	Session III Tues & Thurs
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Has the participant ever had a negative experience in the water?

**Has the participant ever taken swimming lessons before?
If yes, what was the last level completed?**

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 Children's Instructional Swim Program, provided that such a liability is not attributable to the sole negligence of the university.

I realize that my child's 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 allow my child 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 of injuries resulting to my child.

Furthermore, I also confirm that I have appropriate healthcare insurance for my child to participate in this activity, or if not, I will not rely upon the university for medical expenses. Also I understand that any injury incurred and the resulting medical expense from injury will be my responsibility and the university will not be responsible for any related expenses, other than those incurred at the University's Student Health Services.

Participant's name: _____
Print Name

Parent or Legal Guardian: _____
Print Name

Parent or Legal Guardian: _____
Signature Date

Witness: _____
Printed Name Signature Date