

SWIM LESSON REGISTRATION

Participant's Name: _____ Date of Birth: _____ Age: _____

Address: _____

Parents' Phone # _____ Work # _____

City or County Resident
Circle one

➤ **Swim Level:** _____

➤ **Date(s) class offered:** _____

➤ **Time:** _____

**Group Session
Fee \$50**

Release of liability

I understand that because of the potentially hazardous nature of this activity that an injury might be sustained and that the City Of Bardstown, the Recreation Department and staff will exercise care and precaution in the supervision thereof. However, recognizing the inherent risk of injury, I nevertheless waive, release and discharge and agree to indemnify and hold harmless, the City of Bardstown, their officials, employees, agents and staff, including but not limited to the personnel and volunteers from any and all liability for injuries or damages which may arise from any and all negligent acts or conduct of commission or omission, if any other injury arising from this program which may be sustained by me or my child. I hereby grant the City of Bardstown permission to take, use, reuse, and publish: photographs and/or videos of me/my child in any and all of its publications and in any and all other media, including but not limited to use and publication on the internet, webpages, and social media accounts, whether now known or hereafter existing, controlled by the City of Bardstown, in perpetuity and for other use by the City of Bardstown. I hereby release and discharge the City of Bardstown, their directors, employees, agents, representatives, licensees, and other related parties from any and all claims, demands, actions, causes of action, and costs of any nature arising from or related to the use, re-use, and publication of the aforesaid photographs and videos, including but not limited to claims for libel and invasion of privacy.

Parent(s) or Guardian Signature: _____ Date: _____

Official Use Only

❖ Fee: _____ Check # _____ Cash _____ Received By: _____ Date _____

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