



La Palma Recreation & Community Services Department



Beginning Swim Lessons for non-Swimmers

Winter 2020

@ the La Palma Intercommunity Hospital Therapeutic Pool

7901 Walker Street, La Palma, CA 90623; Pool & Parking in Rear of the Hospital

Class times are subject to change to accommodate minimum teacher-to-student ratios

| Resident \$47 / Non-Resident \$52 | | T/TH 6 Classes per 3 week Session | | | |
|--|--------|-----------------------------------|------------------------|-----------------------|------------------------|
| Classes teach basic water skills. Due to pool size restrictions, all levels are designed for the <u>non-swimmer or very beginning student.</u> | | Length of class | Session 1 1/14-1/30 | Session 2 2/4-2/20 | Session 3 2/25-3/12 |
| Tots 3 – 5 yrs, Preschool | 4:00pm | 35 min | 10017 | 10021 | 10025 |
| | 4:40pm | 35 min | 10018 | 10022 | 10026 |
| | 5:20pm | 35 min | 10019 | 10023 | 10027 |
| | 6:00pm | 35 min | 10020 | 10024 | 10028 |
| Polliwogs 6 – 8 yrs, Non-swimming | 4:00pm | 35 min | 9858 | 9862 | 9866 |
| | 4:40pm | 35 min | 9859 | 9863 | 9867 |
| | 5:20pm | 35 min | 9860 | 9864 | 9868 |
| | 6:00pm | 35 min | 9861 | 9865 | 9869 |

PLEASE NOTE:
Classes are
Tuesdays and
Thursdays

| | | | |
|-----------------------------|----------------------------|-----------------------------|--------------------|
| Participant FIRST Name | Participant LAST Name | Participant Birth Date | Participant Gender |
| Adult / Guardian FIRST Name | Adult / Guardian LAST Name | Cell Phone | |
| Address | | | Apt # |
| City | | State | Zip Code |
| Home Phone | Email Address | | |
| Emergency Contact Name | Emergency Contact Phone | Relationship to Participant | |

WAIVER ON BACK MUST BE COMPLETED

| Class # | Class Title | Session | Fee |
|---------|-------------|---------|-----|
| | | | |
| | | | |
| | | | |

Checks Payable to: **CITY OF LA PALMA**

TOTAL PAID



LA PALMA RECREATION AND COMMUNITY SERVICES DEPARTMENT WAIVER, RELEASE, HOLD HARMLESS, AND AGREEMENT NOT TO SUE

(Minor's Full Name) _____ has my permission to participate in La Palma Water Safety classes at the La Palma Intercommunity Hospital, from January 14, 2020 through March 12, 2020. I fully understand that my child's participation in Water Safety classes exposes him/her to the risk of personal injury, death, or property damage. I hereby acknowledge that I am voluntarily having my child participate in Water Safety classes and agree to assume any such risks.

I HEREBY RELEASE, DISCHARGE AND AGREE NOT TO SUE THE CITY OF LA PALMA for any injury, death or damage to or loss of personal property arising out of, or in connection with my child's participation in Water Safety classes from whatever cause, including the active or passive negligence of the City of Palma or any other participants in Water Safety Classes. The parties to this agreement understand that this document is not intended to release any party from any act or omission of "gross negligence," as that term is used in applicable case law and/or statutory provision.

IN CONSIDERATION FOR BEING PERMITTED TO PARTICIPATE IN WATER SAFETY CLASSES, including but not limited to supervised swim lessons; I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of La Palma from any and all claims, demands, actions, or suits arising out of or in connection with my child's, participation in Summer Swim Lessons.

FURTHERMORE, I give the City of La Palma, its officers, agents or employees permission to use any related picture, video or electronic images, sounds etc., in the Department's promotional materials.

IN ADDITION TO THE ABOVE, I, the undersigned parent or legal guardian of the aforementioned minor, do here authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Protection Act or a current license to operate a hospital from the State of California Department of Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in their exercise of his or her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached.

I HAVE CAREFULLY READ THIS WAIVER, RELEASE, HOLD HARMLESS, AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND I SIGN IT ON MY OWN FREE WILL.

➔ Date: _____ Signature of Applicant/Parent: _____



YMCA MEMBER/CHILDREN RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT -- IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releases or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any, loss, liability, damage or cost they may, incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releases or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THE YMCA MEMBER/CHILDREN RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

➔ Date: _____ Signature of Parent/Guardian: _____

➔ Name of Child in Program: _____

OFFICE USE ONLY

Accepted By _____

Reviewed By _____