



## Adult Swim Lesson Registration

**Please Print all Information**

<b>Participants Name</b>		<b>Child's Birth date:</b>	
<b>Email</b>			
<b>Address:</b>			
<b>City:</b>		<b>Zip Code:</b>	
<b>Home Phone:</b>		<b>Alt Phone:</b>	
<b>In The Event of Emergency, please call</b>		<b>Phone Numbers:</b>	
<b>How did you hear about HSA?</b>			
<b>Date of first Class:</b>			

Please note the following rules:

1. You must provide at least 24 hours notice to cancel and reschedule a class. Failure to provide notice will result in forfeiture of class time and your money will not be refunded.
2. If you are sick, call and leave a message before the class starts. Your class will be rescheduled. Failure to call will result in forfeiture of class time and your money will not be refunded.
3. You must obey the swim instructor to ensure that all participants are safe and that everyone receives time with the instructor. You will be asked to leave the class if you fail to follow instructions and your money will not be refunded for that class.
4. To prevent distractions during class, anyone who is not participating in the class must wait in the green classroom.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***For HSA Use***

*Registration Date:* \_\_\_\_\_

*Payment Received:* \_\_\_\_\_ *Amount:* \_\_\_\_\_



## Release of Liability

I understand and am aware that swimming is a potentially hazardous activity. I understand that the sport of swimming involves the risk of injury. I hereby agree to freely and expressly assume and accept any and all risks of injury or death while participating in swimming activities.

I agree that I will release Houston Scuba Academy (HSA) and its employees from any and all responsibility or liability for injuries or damages to the participant in this swimming activity or to any other person. I agree not to make a claim or sue HSA or its employees from any such injuries or damages relating to swimming or the use of its equipment. I agree to release HSA and its employees from any such responsibility, whether it results from the use of this equipment or service by the user, or whether it results from any negligence or other liability arising out of the maintenance of this equipment or organization of this activity.

I hereby agree to accept the terms and conditions of this contract. This document constitutes the final and entire agreement between HSA, its employees and the undersigned. There are no Warranties, expressed or implied, which extend beyond the description of the activity listed on this form.

I have carefully read this agreement and release of liability and fully understand its contents. I am aware that this is a release of liability and a contract between HSA and myself and I sign it of my own free will.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_