Swimming Lessons

WAIVER OF LIABILITY AGREEMENT

Easthampton Parks and Recreation
1 Daley Field Road
Easthampton, MA 01027
(413)529-1440
e-mail: parksandrec@easthampton.org

FALL INSTRUCTIONAL SWIM PROGRAM **2010**

In consideration of the time, training, and facilities being made available to my child: I, understand and agree that any designated instructor, the City of Easthampton, Williston-Northampton School, or Parks and Recreation Department, shall not be liable to me or to my child for any claims, actions, suits, or harm that may arise out of or be in any way related to my child's participation in the instructional swim lesson program being held at the Williston-Northampton Pool, 80 Park Street, Easthampton.

Child's Name: _____ Age:_____ D.O.B.: ____/____/____
Address: _____ Home Phone: _____
_____ Cell Phone: _____
e-mail: _____
Parents Name: _____

Six Saturday Mornings

☐ **Session I** **October 2 - November 6**

☐ **Session II** **November 13 - December 18**

☐ **Advanced** ☐ **Intermediate** **9:30 a.m.**

☐ **New Beginner 1st time in program 10:00 a.m.**

☐ **Beginner** **10:30 a.m.**

☐ **Beginner** **11:00 a.m.**

In the event of inclement weather, parents will be notified by instructor. There will be make up sessions for cancelled classes. **NO REFUNDS.**

Parent or Guardian Signature: _____ Date: ___/___/___

$80.00 per person for six swimming lessons

Office Use Only: Amount Paid: $_____.00 Check: _____#_____ Cash $_____ Total
Bank/Number Receipt #