



CITY OF MIRAMAR
RELEASE, WAIVER AND INDEMNIFICATION AGREEMENT (ADULT)

DESCRIPTION OF ACTIVITY: SWIM CLASS CITY ID#: _____

PARTICIPANT'S NAME: _____ AGE: _____

D.O.B _____ MALE/FEMALE (CIRCLE ONE) EMAIL: _____

ADDRESS: _____ CITY _____ ZIP _____

HOME TELEPHONE # _____ CELL TELEPHONE # _____

EMERGENCY CONTACT _____ HOME# _____ CELL# _____

PHYSICIAN'S NAME _____ PHONE # _____

DOES THE PARTICIPANT HAVE ANY HEALTH PROBLEMS? YES: _____ NO: _____

IF YES, PLEASE LIST ANY HEALTH PROBLEMS AND/OR INFORMATION TO OUR STAFF:

The undersigned agrees that the City of Miramar and its officers, agents and employees will not be held liable for injuries or other loss which may occur as a result of my participation in the above described activity, and that the undersigned voluntarily assumes the risk of any loss, injury or damage to person or property, which in any way arises out of participation in said activity.

Further, the undersigned WAIVES ANY CLAIM against the City of Miramar and its officers, agents and employees arising from loss, injury or damage and does COVENANT NOT TO SUE the City of Miramar and its officers, agents and employees.

Further, the undersigned agrees to RELEASE, INDEMNIFY, AND HOLD HARMLESS the City of Miramar and its officers, agents and employees from any and all claims, actions, demands, rights, judgments or expenses arising from or by reason of any and all known or unknown damages, claims or actions arising from participation in the above-described activity.

This indemnification and hold harmless shall continue notwithstanding any negligence or comparative negligence on the part of the City of Miramar relating to such loss, injury or damage.

I hereby give permission for the City of Miramar and its officers, agents and employees to call my physician and/or arrange for transportation to a hospital in the event of any injury, although I understand that the City of Miramar and its officers, agents and employees assume no responsibility to do so. I accept full financial responsibility for payment of any and all medical services rendered.

I hereby agree that this Release Form shall be binding on my heirs, successors and assigns.

The undersigned has fully read, understood and agrees to each and every term contained in this Release, Waiver and Indemnification Agreement.

PRINT NAME

SIGNATURE

DATE

WITNESS

PRINT NAME

ADDRESS

Refund Policy

Refund request must be made at least fourteen (14) days prior to the session and must be accompanied by the original receipt. There will be no refunds granted without the original receipt or less than fourteen (14) days prior to beginning of the session and/or once the session has begun.

Customers Initials: _____

RULES AND REGULATIONS

In order for us to ensure that your experience at the pool is both safe and fun for the entire community and in order for us to minimize the number of pool closing due to children vomiting or defecating in the water. We ask parents and swimmers to please help us keep your pool open by observing the following safety rules:

- The weekday program will be as follow: Monday –Thursday. Eight (8) classes are guaranteed.
- The weekend program will be as follow: Saturday and Sunday. Four (4) classes are guaranteed.
- Make-up classes will cover any cancelations due to facility closures based on holidays, weather, breakdowns and/or any other unforeseen emergencies.
- Parents and children must pay regular admission price; if they want to use the facility before or after swim classes whether they are swimming or not.
- Participants should not eat anything for at least one hour prior to the start of class.
- If participant needs to eat before class, meals should be light. Greasy food, candy, and soda are not recommended
- Participants should be in good health. No one with a cough, cold, fever, infection, open sore, or rash, or who looks or acts sick, will be allowed to participate
- Participants should not come to class if they have diarrhea or fever
- Please be aware that Fecal Matter and other debris can be tracked into the pool area on your shoes.
- Our staff will strictly enforce the policy that children 3 years of age and younger are required to wear a tight-fitting "swimsuit diaper" or tight-fitting plastic pants and a swimsuit.
- Parents, please remember you are requested to bring your child, and be ready to begin the class on time and please stay with your child until the instructor picks them up; and be ready to pick them up from the instructor promptly at the end of class. Parents must stay at the facility while the children are attending their swim class.
- Please have your child use the bathroom before each class. If a child needs to use the bathroom while the class is in progress, the instructor will signal the parent to come and get the child. Children will not be allowed to go into the locker room by themselves and the Swim instructors cannot leave a class unattended to take children to the bathroom.
- In order for the Instructors to provide the most effective instruction, parents are asked to observe classes from the designated bleachers. If the parents' presence on the pool deck creates a distraction to the class, for the best interest of that class the Instructor and/or Facility management reserves the right to request that the parent relocate to the assigned area.
- We understand students become fond of certain instructors. We are fond of all of our instructors. Although you may have selected classes based on the instructor listed, last minute modifications may be made based on class scheduling or changes in instructors' availability. Please be aware that for the safety of your child and others and for better results, instructors need to take time off from teaching every now and then. While we will always have a fully qualified instructor in their place, we do not guarantee their gender will be the same as your instructor.
- **Please note:** If the participant is the only student in the class, it will be considered as a one to one class.
- Parents are responsible for obtaining any information from the instructors or aquatics center admission office regarding holidays, vacations, class cancellations, or postponements, etc. For additional information you may call us @ **Regional Park Aquatics** 954-883-6955; **Miramar Aquatics** 954-602-3367.

Please be advised that the main pool is heated during winter and chilled during summer. Any problems, concerns, and/or suggestions regarding our services to the community, please email Silvia Dominguez at sadominguez@miramarfl.gov or call (954) 203-9817

I have had the opportunity to read the Aquatic Complex RULES AND REGULATIONS stated in this page and completed the swim class waiver attached to the reverse side of this page. I have read, understood and agree to the rules and regulations policy as stated above.

Participant Name: _____

Participant Signature: _____