



# Township of New Hanover

## Parks and Recreation Department

New Hanover Township Building • 2943 North Charlotte Street, Gilbertsville, PA 19525-9718

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### Swimming Lessons Registration

July 9 to July 19 (Monday Through Thursday) 7:00PM to 7:45PM

**\$60.00 per child**

The waiver must be filled out before you are able to participate in Swimming Lessons. **\*PLEASE PRINT!\***

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Township: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

#### WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTIONS OF RISK

Please read this form carefully and be aware that in signing up and participating in Swimming Lessons at the Hickory Park Pool, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities.

New Hanover Township is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Township continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participant's safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward is physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, suffers from an underlying medical condition, or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I will voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against the Township, including its officials, agents, volunteers and employees.

**Photography/videotaping waiver** – Photographs and videos are taken by the Township staff to use for promotional purposes. By registering for a program, attending an event or using a Township facility, you have granted us permission to use your image for promotional purposes.

I have read and fully understand the waiver and release of all claims on this page. This waiver form is completed and signed of my own free will.

Childs Name: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_