American Red Cross Aquatic Training(s)

Registration Form

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

Age: _____

School: _____

Participation Waiver

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in Campus Recreation Aquatics Programs taking place at the University of Illinois Campus Recreation facilities, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Board of Trustees of the University of Illinois and its respective officers, employees, and agents from liability from any and all claims including those which result in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in Campus Recreation Learn-to-Swim Programs.

_____ _____

Signature of Parent of Minor (under 18) *Date*

_____ _____

Signature of Participant *Date*

Assumption of Risks: Participation in Aquatics Programs carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back sprains, strains, breaks, concussions, cuts, cardiac arrest, partial or total paralysis, drowning and death. We strongly recommended that you consult your personal physician before starting any strenuous activity or class.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in Learn-to-Swim Programs. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD the Board of Trustees of the University of Illinois HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, brought as a result of my involvement in Campus Recreation Learn-to-Swim Programs and to reimburse it for any such expenses incurred.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

_____ _____

Signature of Parent of Minor (under 18) *Date*

_____ _____

Signature of Participant *Date*

Lifeguard Training

Cost: $200 (includes all certification fees and materials)

☐ **Lifeguard Training Class** Meets for all of the following:
Saturday, May 16 10 am-6 pm **AND**
Monday, May 18-Friday, May 22 4-8 pm

Prerequisites for Lifeguard Training
Please check that you meet the minimum requirements.

- ☐ At least 15 years old.
- ☐ Swim 300 yards continuously.
- ☐ Starting in the water, swim 20 yards using front crawl or breaststroke, surface dive 7-10 feet, retrieve a 10-pound object, return to the surface, swim 20 yards back to the starting point with the object and exit the water without using a ladder or steps, within 1 minute.

If you are unable to complete the prerequisites, your fees will be refunded minus a $5 processing fee and a $25 testing fee.

Lifeguard Instructor

Cost: $250 (includes all certification fees and materials)

☐ **Lifeguard Instructor Class** Meets for all of the following:
Saturday, May 16 10 am-6 pm **AND**
Monday, May 18-Friday, May 22 4-8 pm

Prerequisites for Lifeguard Instructor
Please check that you meet the minimum requirements.

- ☐ 17 years of age.
- ☐ Current Fundamentals of Instructor Training Certificate.
- ☐ Successful completion of pre-course written and skills tests.

If you are unable to complete the prerequisites, your fees will be refunded minus a $5 processing fee and a $25 testing fee.

Return Form To:

In Person/Mail: ARC Member Services
201 E. Peabody Drive, Champaign IL 61820

Fax: (217) 265-9817

Contact Person

Tracy Buschbom buschbom@illinois.edu
(217) 333-0142

Campus Recreation
www.campusrec.uiuc.edu

Payment

☐ Cash ☐ Check # _____

☐ Charge Card # _____/_____/_____/_____

☐ Visa ☐ Mastercard

Name on Card _____

Expiration Date _____

Signature _____

Office Use Only ☐ DROP OFF ☐ FAX ☐ MAIL-IN

Total $ _____ Receipt # _____ CSA Initials _____