Masters Swim Team

# 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*

**Masters Swim Team**

**Cost:** $145

☐ **Masters Swim Team**
August 31-December 5, 2009
Monday-Thursday, 5:30-7 pm and Saturday, 11 am-1 pm
ARC Indoor Pool

*No refunds will be issued after instruction begins.*

Participants must be a UI student or Campus Rec member to participate in Masters Swim Team. Swimmers with varied skill levels who are interested in competitive swimming and challenges are welcome. Participants should be able to swim 200 yards (8 lengths) continuously. Participants range from beginning lap swimmers to ex-high school and college stars. Swimmers with different backgrounds will be given individual assistance while developing skills in all four strokes at all distances.

Friendly competition is the basis of our team. We motivate swimmers to train consistently and set goals that help evaluate and measure progress. Meets are fun and a great way to build friendships while keeping interest high. Participation in meets is strongly encouraged. The team is registered with United States Masters Swimming. For more information visit *www.usms.org*.

### 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.illinois.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 _____