



Westlake Recreation Center Waves Swim Team Application

Parent/ Legal Guardian's Name _____ Date of Birth _____
Current Address _____ City _____ Zip _____
Phone (home) _____ Phone (work or cell) _____
E-Mail _____
Child's Name (including Middle Initial) _____ Date of Birth _____
Child's Name (including Middle Initial) _____ Date of Birth _____
Child's Name (including Middle Initial) _____ Date of Birth _____
Child's Name (including Middle Initial) _____ Date of Birth _____

Informed consent for exercise participation Release of liability hold harmless and indemnification

I desire to engage voluntarily in recreational activities and/or exercise programs at the City of Westlake Recreation Center for enjoyment and/or to attempt to improve my physical fitness. I understand that some of the activities are designed to place a gradually increasing workload on the cardio respiratory system and to thereby attempt to improve its function. The reaction of the cardio respiratory system to such activities cannot be predicted with complete accuracy. There is a risk of certain changes that might occur during or following some exercises. These changes might include abnormalities of blood pressure or heart rate.

I understand that the purpose of an exercise program is to develop and maintain cardio respiratory fitness, body composition, flexibility and muscular strength and endurance. I may request assistance for a specific exercise plan, based on my needs and interests and my doctor's recommendations.

I understand that I am responsible for monitoring my own condition throughout any recreational activities and/or exercise programs and should any unusual symptoms occur, I will cease my participation and inform the program instructor or manager on duty of the symptoms.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of my recreational activity and/or exercise program. I also affirm that my questions regarding the recreational activity and/or exercise program have been answered to my satisfaction.

In the event that a medical clearance must be obtained prior to my participation in any exercise program, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any exercise program.

Waiver and Release: In consideration of the City of Westlake granting me and my minor children the permission to engage in and assume the risk of recreational activities and/or exercise programs with the Westlake Recreation Department, I/we agree to assume the risk of such activity and/or exercise and further agree to release, hold harmless and indemnify the City of Westlake, its employees, agents and independent contractors conducting the recreational activity and/or exercise program from any and all claims, suits, losses or related causes of action for damages, including but not limited to, such claims that may result from my/our injury or death, accidental or otherwise, during or arising in any way from recreational activity and/or exercise program, loss of property, personal injury to me/us or the act or failure to act by the City of Westlake or its employees, agents or independent contractors. The undersigned further assumes the risk of all dangerous conditions in and about the City of Westlake Recreation Department property both real and personal and waive any and all specific notice of the existence of such dangerous conditions, if any. Registrants and participants of programs and special events permit the taking of photos and videos of themselves and their children during the Department activities for publication in the program brochure, website, and additional uses as the Department deems necessary. Furthermore, the release bars claims by the undersigned's children, heirs, assigns, executors and administrators.

Signature of participant or legal guardian/parent (if participant is under 18 years old)

Date

Signature of participant or legal guardian/parent (if participant is under 18 years old)

Date

Installment Payments

I(we) wish to participate in the installment payment program for the membership I/we purchased above. I/we authorize the City of Westlake to initiate the debit entries to my/our monthly checking account indicated below at the financial institution named below. Funds will be debited on or about the 15th of each month, allowing for 2-3 days to process. I/we have attached a voided check.

Attached Voided Check

Please read the terms and conditions. All memberships are non-transferable and non-refundable once processed. In the event that a installment payment is returned as NSF, there is a \$10 admin fee plus the cost of the monthly charge that will be deducted.

By signing below, I/we agree to the terms and conditions of the program.

Signature of participant or legal guardian/parent (if participant is under 18 years old)

Date

FOR OFFICE USE ONLY: STAFF IS TO ATTACH A VOIDED CHECK.