



PRIVATE SWIM LESSON
REGISTRATION FORM 2021
\$50/30 minutes member
Package of 5 for \$200/members
\$75/30 minutes/non-members

Child's Name: Last, First

Parent's Name:

Father: Last, First

Mother: Last, First

Child's Birth Date: Age:

Family Contact Info: Street Address

City, State Zip Code

Home Phone Email

Emergency Contact Name Phone Number

Requested Dates and/or Lifeguard

Swim Level (check One)
Beginner
Adv. Beg.
Intermediate

Medical Waiver & Release

Does your child have any history of cardiac problems, asthma, epilepsy, TB, or allergies? If your child has any major health problems he or she will be required to have physician's permission to participate in any Chestnut Forks swim programs. If your child is presently taking medication, please list.

I hereby give my/our permission to Chestnut Forks Swim Club staff and/or a Fauquier Emergency Medical Technician to administer immediate emergency care to my/our child, should he/she be injured while on Chestnut Forks swim pool premises.

For and in consideration of my/our child's participation in the swimmer program, I/we the undersigned parent(s) or legal guardians of, hereby waive, release and hold harmless Chestnut Forks Swim Club (legal name of operation of Club), its employees, agents or assigns of and from any and all liability arising from my/our child's participation in the swimming program.

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that Chestnut Forks Tennis & Fitness has put in place preventative measures to reduce the spread of the

Coronavirus/COVID-19. I acknowledge that Chestnut Forks Tennis & Fitness cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff, and other clients and their families.

I voluntarily seek services provided by Chestnut Forks Tennis & Fitness and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

I attest that:

\* I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

\* I have not traveled internationally within the last 14 days.

\* I have not traveled to a highly impacted area within the United States of America in the last 14 days.

\* I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

\* I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.

\* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold Chestnut Forks Tennis & Fitness harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the club, or that may otherwise arise in any way in connection with any services received from Chestnut Forks Tennis & Fitness. I understand that this release Chestnut Forks Tennis & Fitness from any liability or claim that I, my heirs, or any personal representatives may have against the club with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Chestnut Forks Tennis & Fitness . Indemnify and hold harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event. This liability waiver and release extends to the club together with all owners, partners, and employees.

I give my permission for Chestnut Forks Swim Club staff and/or a Fauquier Emergency Medical Technician to administer immediate emergency care to my/our child (children) should he/she be injured while on Chestnut Forks Swim Club pool premises.

For and in consideration of my child or children's participation in the swimmer program, I/we the undersigned parent(s) or legal guardians of the children listed above, hereby waive, release and hold harmless Chestnut Forks Tennis & Fitness, LLC (legal name of operation of Club), its employees, agents or assigns of and from any and all liability arising from my/our child's participation in the swimming program.

Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Child(ren) Name(s): \_\_\_\_\_