Private Swim Lesson Information Form

Name: ___________________________________ Name of child/children: ____________________________________________

Phone: ___________________________________ Age(s): ___________________________________________________________

Email: ___________________________________ Level (if known) ________________________________________________

Is there anything you would like us to know about your child; and are their specific skills you would like to see improved?
_______________________________________________________________________________________
_______________________________________________________________________________________

I would like a private lesson ____ day(s)/week; My First Choice is ____________ Second Choice ______________

☐ Mon 5:00pm  ☐ Mon 5:30pm  ☐ Mon 6:00pm  ☐ Mon 6:30pm  ☐ Tues 5:00pm
☐ Tues 5:30pm  ☐ Tues 6:00pm  ☐ Tues 6:30pm  ☐ Wed. 5:00pm  ☐ Wed. 5:30pm  ☐ Wed. 6:00pm  ☐ Wed. 6:30pm
☐ Thurs 5:00pm ☐ Thurs 5:30pm ☐ Thurs 6:00pm ☐ Thurs 6:30pm ☐ Sunday 4:00pm ☐ Sunday 4:30pm

<table>
<thead>
<tr>
<th>Session Package</th>
<th>INDIVIDUAL RATE</th>
<th>GROUP RATES (2-3)—per person</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Session</td>
<td>$25.00</td>
<td>$20.00/person</td>
</tr>
<tr>
<td>4 Sessions</td>
<td>$60.00</td>
<td>$45.00/person</td>
</tr>
<tr>
<td>6 Sessions</td>
<td>$85.00</td>
<td>$60.00/person</td>
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</tbody>
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Cancellation & Payment Policy: Payments must be made before the start of the lesson. You must call either the Wellness Center or your instructor to notify a cancellation within 12 hours of your lesson. If you do not notify within 12 hours you will still be charged for that lesson and will not be entitled to a make-up session. If you notify within 12 hours, you can make-up the lesson with your instructor.

I state that I have read this document and agree with its terms.

Signature___________________________________________ Date___________________

***Please Remember***: If a scheduled private lesson is missed without advanced notice given to the instructor, this will result in forfeiture of that private lesson (no make-up will be awarded). Conversely, if an instructor misses a lesson without proper notification, then 1 additional free private lesson will be given. Due to limited available space we will try to accommodate schedule changes. Multiple scheduling conflicts are not advised and are not guaranteed a make-up or a refund.

Specific Dates Scheduled:

FOR STAFF USE ONLY

PAID ☐ Instructor Scheduled ______________________ Dates/Times Confirmed ☐

For more information please contact Wendy Johnson @ 677-8805 or Wendy.Johnson@usd.edu
By our signatures below, we acknowledge that we are aware of, appreciate the character of, and voluntarily assume the risks involved in participating in all activities associated and available at the University of South Dakota Wellness Center and DakotaDome pool. Under certain circumstances, adopting an exercise program has some inherent risks. A medical examination is encouraged prior to starting an exercise program.

By our signatures below, on behalf of ourselves, our heirs, next of kin, successors in interest, assigns, personal representatives, and agents, we hereby:

1. Waive any claim or cause of action against and release from liability the State of South Dakota, its officers, employees, and agents for any liability for injuries to person or property resulting from participation in the activity listed above;
2. Agree to indemnify and hold harmless the State of South Dakota, its officers, employees, and agents for any claims, causes of action, or liability to any other person arising from my voluntary participation in the Wellness Center activities, including payment of reasonable attorney fees; and
3. Consent to receive any medical treatment deemed advisable during participation in the activity listed above; and
4. Acknowledge that we are signing below as a minor child and as the parent or legal guardian of the minor child named below.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Please Print

Minor’s Name ________________________________ Date of Birth_______/_______/_______
Guardian’s Name__________________________________________ Today’s Date _____/_____/_____
Guardian’s Signature __________________________________________________________