

Private Lesson: \$225

Semi-Private Lesson: \$175 Per Child

Each session includes (5) 30-minute lessons

Lessons Registration Form 775-626-8699 bluque@resortatredhawk.com

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Participant's Name	DOB	Sex	Dates	Time	Fee
				TOTAL FEE	
		•			

			TOTAL FE	E			
Adult Name							
	First	Last		SF Number			
Address							
	Street	City	State	Zip			
Phone		()	()				
	Primary	Second	ary	Email address			
registered sessio over lessons. No	icy: The parent/guardian assumes r n. Cancellations must be made 5 bu refunds or make up classes will be a air quality. Any rescheduling must b	usiness days prior to session start da given for tardy or missed classes. Cla	ate to receive a full refund. No asses may be cancelled and res	Prorated refunds for left			
RED HAWK SWIM & FITNESS CENTER GENERAL RELEASE, WAIVER, AND INDEMNITY AGREEMENT							
swim program at the and covenant not to or agents (collective	ration of my minor child, e Red Hawk Swim & Fitness Cento sue RED HAWK LAND COMPANY, I ly, "RED HAWK"), with respect to a account of injury to his/her perso	LLC, its owners, members, manage any and all claims or causes of acti	y spouse and on behalf of my ers, officers, directors, shareho on that I or my child may have	olders, allied entities, employees, e or which may hereafter accrue			
in the aquatic swim	e is intended to discharge RED HA program at Red Hawk. I hereby ag in such program, and to release R assigns).	gree to assume all risks, both know	wn and unknown, associated	with or arising out of my minor			
liability, damage, or activities thereon, w	signed, on behalf of myself, spouse cost it may incur due to or arising hether caused through his/her neg unsel reasonably satisfactory to R	g out of the activities provided for gligence or otherwise. This indemr	hereunder or my child's part nification includes legal defens	ticipation in or proximity to any se of any such claims by whoever			
	rant and convey unto Red Hawk Sv ring my participation in the Activ						

including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Expiration	Card Type	
Amount		Billing Zip