

## Private \$225 Semi Private \$175 Per Child Each session includes (5) 25-min lessons

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

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Participant's Name		DOB	Sex	Dates	Time	Fee	
					TOTAL FEE		
					IOIAL FEE		
Adult Name							
		First		Last		SF Number	
Address							
		Street		City	State	Zip	
Phone				( )	( )		
	F	Primary		Secondary		Email address	
Cancellation policy: The parent/guardian assumes responsibility to ensure the participant listed above attends all scheduled swim classes in their registered session. Cancellations must be made 5 business days prior to session start date to receive a full refund. No Prorated refunds for left over lessons. No refunds or make up classes will be given for tardy or missed classes. Classes may be cancelled and rescheduled due to poor weather or poor air quality. Any rescheduling must be made within 48 hours of the class.							
RED HAWK SWIM & FITNESS CENTER GENERAL RELEASE, WAIVER, AND INDEMNITY AGREEMENT							
In consideration of my minor child,							
The undersigned, on behalf of myself, spouse and my minor child, agrees to indemnify RED HAWK and save RED HAWK harmless from loss, liability, damage, or cost it may incur due to or arising out of the activities provided for hereunder or my child's participation in or proximity to any activities thereon, whether caused through his/her negligence or otherwise. This indemnification includes legal defense of any such claims by whoever made (using legal counsel reasonably satisfactory to RED HAWK), reasonable attorneys' fees and costs, and the cost of any settlement or judgment.							
I hereby grant and convey unto Red Hawk Swim and Fitness Center the right to freely reproduce and/or circulate any photographs or other recordings of me during my participation in the Activities for any lawful purpose. I agree that I shall not be entitled to any compensation therefore, ncluding, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.							
THE UNDERSIGNED HAS READ, UNDERSTANDS, AND VOLUNTARILY SIGNS THIS GENERAL RELEASE, WAIVER, AND INDEMNITY AGREEMENT, BEING FULLY AWARE OF THE IMPORTANT LEGAL CONSEQUENCES OF SO DOING. THE TERMS OF THIS DOCUMENT ARE CONTRACTUAL AND NOT A MERE RECITAL.							
Name of Minor Child	:		S	ignature of Parent or Guardian:		Date:	

Method of Payment						
Card Number	ExpirationCard T					
Signature	Amount	Billing Zip				