



ROCKY MOUNT
PARKS AND RECREATION
THE CENTER OF IT ALL

**Denton Street Pool
Adult Swim Lesson
Registration**

Staff Member _____

Office Use Only

422/2023

PLEASE PRINT

Application Date _____

First Name _____ MI _____ Last name _____

Address _____ City _____ State _____ Zip Code _____

City Resident Non-City Resident Age _____ Date of Birth ____ / ____ / ____ Female Male

Home Phone _____ Cell Phone _____

Email _____ @ _____

In the event of an emergency, whom should we contact?

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Price Per Session; Per Person

Rocky Mount City Residents - \$40.00

Non-City Residents - \$60.00

You will receive a FREE 4-week pool pass to use during the course of your swim lessons.

Please select the desired session under the correct age

Ages 16 and up

Monday and Wednesday June 17—July 10, 2024 9:00am—9:45am 5:45pm—6:30pm

Tuesday and Thursday June 18—July 11, 2024 9:00am—9:45am 5:45pm—6:30pm

Monday and Wednesday July 15—August 7, 2024 9:00am—9:45am 5:45pm—6:30pm

Tuesday and Thursday July 16—August 8, 2024 9:00am—9:45am 5:45pm—6:30pm

See Back of Form - You must read and sign waiver on back of this form

Photo Release

Pictures or video clips maybe taken by the City of Rocky Mount Parks and Recreation Department and used for promotional purposes.

If you do not concur, please contact the Parks and Recreation Department at 972-1151.

RELEASE, INDEMNITY, ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

IN CONSIDERATION of my participation in the Rocky Mount Senior Center (the "Activity") sponsored by the City of Rocky Mount, I, for myself, my heirs, executors, administrators, personal or legal representatives, successors and assigns, hereby agree to:

(i) RELEASE, WAIVE, FOREVER DISCHARGE and COVENANT NOT TO SUE the City of Rocky Mount, its elected officials, officers, employees, and agents (collectively the "City") from any and all claims, losses, damages, or liability (present and future), on account of injury to my person or property, including injury resulting in my death, arising out of, or in any way connected with, my participation in the Activity, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City; and

(ii) INDEMNIFY, DEFEND and HOLD HARMLESS the City from and against any and all claims, losses, liability, and damages (present and future) and all costs, charges, and fees (including reasonable attorneys fees) related thereto, arising out of, or in any way connected with my participation (or the participation of the minor identified below) in the Activity or connected with the participation of anyone participating in the Activity under my auspices or with my implied or express consent, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City.

I understand that participation in the Activity involves the risk of injury or death, and by executing this Release, Indemnity, Acknowledgement and Assumption of Risk (this "Release"), I acknowledge and assume all risk of injury or death resulting from participation in the Activity.

I further agree that if any term or provision of this Release, or the application thereof, to any person or circumstance shall, to any extent, be deemed invalid or unenforceable, the remainder of this Release, or the application of such term or provision, to person or circumstances other than those to which it is held invalid or unenforceable, shall not be affected thereby, and each term and provision of this Release shall be valid and enforceable to the fullest extent permitted by law.

I have carefully read this Release and have executed the same voluntarily adopting the word "SEAL" after my name as my seal.

THIS DOCUMENT RELEASES YOUR RIGHT TO MAKE A CLAIM IF YOU HAVE AN ACCIDENT OR ARE INJURED. DO NOT SIGN IT UNLESS YOU HAVE READ IT AND UNDERSTAND IT FULLY.

X _____
Participant /Guardian Signature

Date