**Private Swim Lesson Policy**

**Cost: Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

- $25 pool rental fee per family (*paid to SFAC)* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

- Hourly fee is up to lifeguard’s discretion **Parent:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SFAC- Private Lesson Rental Agreement & Liability Waiver**

All of the information requested must be completed in its entirety and a signature is required. Private Lesson spots are on a FIRST COME, FIRST SERVE BASIS. Please bring this completed form with payment of $25.00 to the Sumner Family Aquatic Center (1020 Pleasant Street, Sumner, IA 50674).

*Lifeguard’s private lesson spot will not be guaranteed until payment is received.*

Private Lesson Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lifeguard Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lifeguard Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Release of Liability***: Please read this form carefully and be aware that in this rental agreement, as the instructor, you, your attendant(s) and minor(s) in your care for participation in private lesson(s), will be waiving and releasing all claims for injuries you, your attendant(s), and minor(s) might sustain arising out of private lesson(s). I recognize and acknowledge that there are certain risks of physical injury to participants in the lesson(s) and I agree to assume the full risk of any such injuries, damages, or loss regardless of severity which I, as the instructor, attendant(s) and minor(s) in my care may sustain because of participating in private lesson(s). I hereby fully release and discharge the City of Sumner and its officers, agents, servants and employees from all claims resulting from injuries, damages, and losses sustained by myself, attendant(s) and minor(s), and arising out, connected with, or in any way associated with activities of any of the lesson(s).

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| OFFICIAL USE ONLY  TOTAL:\_\_\_\_\_\_\_\_ | CHECK #:\_\_\_\_\_\_\_\_\_ | CASH:\_\_\_\_\_\_\_ | Staff Initials: \_\_\_\_\_\_\_ |
| **\*Make Checks payable to: Sumner Family Aquatic Center**  Completed swim level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |