



## ADULT SWIMMING LESSON PROGRAM 2025

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Swimmer's Last Name First Name MI Date of Birth

\_\_\_\_\_, \_\_\_\_ / \_\_\_\_  
Age Sex

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_  
Address City State Zip

\_\_\_\_\_, \_\_\_\_\_  
Home Phone Cell Phone

\_\_\_\_\_  
Email

- |                          |                 |                   |
|--------------------------|-----------------|-------------------|
| <input type="checkbox"/> | Beginner        | \$250 per session |
| <input type="checkbox"/> | Private Lessons | \$80 per hour     |

### Method of Payment

- |                          |                                      |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Cash                                 |
| <input type="checkbox"/> | Check (Payable to Phoenix Swim Club) |
| <input type="checkbox"/> | Master Card                          |
| <input type="checkbox"/> | Visa                                 |

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_  
Card Number Expiration Date 3-Digit Security No. Zip Code

\_\_\_\_\_, \_\_\_\_\_  
Name on Credit Card Signature of Card Holder

**Please email your completed form to [slee@phoenixswimclub.org](mailto:slee@phoenixswimclub.org) or mail to the address listed below.  
Payment by check, cash or credit/debit card must be made on the first day of class.**



## ADULT SWIMMING LESSON 2025 SCHEDULE

### Weekday Options –

- ☐ Classes will be held Monday and Thursday evenings.  
PRIVATE LESSONS MAY BE SCHEDULED AT OTHER TIMES

### Times of day\*

- ☐ 7:30 – 8:30 p.m.

Comments: \_\_\_\_\_

### Session Dates – Adult Learn to Swim

- ☐ Session #1 June 9, 12, 16, 19, 23, 30  
☐ Session #2 July 3, 7, 10, 14, 21, 24

### Levels of Instruction

#### Beginner:

**Water Adjustment and Basic Skills—** Learn to float, glide, and swim on your front and back. Our goal is to eliminate anxiety and tension so you can concentrate on learning and enjoyment. Beginning stroke work will be taught.

**Intermediate** – A continuation of Beginner, now we work on stroke technique!

**Masters Prep.** – Prepare yourself to transition into our Adult Fitness Swim Group. We will teach you how to read and understand the workout board as well as learning proper lane etiquette. Stroke work will be emphasized. Designed to prepare you for Masters Swimming, our Adult Fitness Swim Group



**INFORMED CONSENT/RELEASE & WAIVER OF LIABILITY FORM**  
**IMPORTANT: THIS IS A LEGAL DOCUMENT. PLEASE READ CAREFULLY!**

This is an Informed Consent/Release and Waiver of Liability (this "Release") executed as the date, by the undersigned set forth below, on behalf of themselves and their respective family members, heirs, executors and administrators (collectively, "Undersigned"), in favor of BEST Swim Club, Inc., dba Phoenix Swim Club, an Arizona nonprofit corporation, its directors, officers, employees, volunteers (including meet directors and officials), landlord and owner of its swimming facility, and agents (collectively known as "PSC")

Each Undersigned hereby freely, voluntarily, and without duress executes this Release under the terms below:

1. **Informed Consent/Assumption of Risk.** Undersigned does hereby desire to participate in and/or volunteer for the PSC swim program, including, but not limited to (collectively, the "Activities"). Undersigned understands and acknowledges that even with the best coaching and training, use of the most advanced safety equipment, and strict observance of the rules, injuries may and do often occur as a result of participation in the Activities. On rare occasions, injuries from the Activities may be so severe as to result in total disability, paralysis, quadriplegia, or even death. Undersigned further recognizes and understands that participation in the Activities may involve certain inherently dangerous activities. Undersigned further acknowledges that Undersigned has read this express warning. Undersigned hereby expressly and specifically assumes the risk of injury or harm associated with participation in the Activities and releases PSC from all liability for injury, illness, death or property damage that may result. With the full understanding and awareness of the facts, Undersigned hereby states that, to the best of Undersigned's knowledge, Undersigned has no medical, physical, mental or emotional health condition that would hinder or prevent Undersigned's participation in the Activities.

2. **Release and Waiver.** Undersigned does hereby release and forever discharge and hold harmless PSC and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, whether known or unknown, which arise or may hereafter arise from Undersigned's participation in the Activities and/or any other project, activity or event sponsored, managed, arranged or promoted by, or otherwise affiliated or associated with PSC. Undersigned agrees and acknowledges that this Release discharges PSC from any liability or claim that Undersigned may have against PSC with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Undersigned's participation in the Activities, whether or not caused by the negligence of PSC or its officers, directors, employees, or agents or otherwise. Undersigned also agrees and acknowledges that PSC does not assume any responsibility for or obligation to provide financial assistance or other assistance to the Undersigned, including, but not limited to, medical, health, or disability insurance in the event of injury, illness, death or property damage.

3. **Medical Treatment.** Undersigned does hereby release and forever discharge PSC from any and all liability claims, demands and causes of action whatsoever that may arise on account of any first aid, treatment, or service rendered in connection with Undersigned's participation in the Activities and/or any other project, activity or event sponsored, managed, arranged or promoted by, or otherwise affiliated or associated with PSC.

4. **Insurance.** Undersigned understands that, except as otherwise agreed to by PSC in writing, PSC does not carry or maintain health, medical, or disability insurance coverage for any volunteer. Undersigned understands that Undersigned is expected and encouraged to obtain his or her own medical or health insurance coverage.

5. **Photographic Release.** Undersigned does hereby grant and convey unto PSC all right, title and interest in any and all photographic images and video or audio recordings made by or on behalf of PSC or made with its consent, during Undersigned's Activities with PSC and/or any project, activity or event sponsored, managed, arranged or promoted by, or otherwise affiliated or associated with PSC, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. **Other.** Undersigned expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Arizona, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Arizona. Undersigned agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

**By signing below, I acknowledge that I have read and understand this Release and agree to its provisions as it relates to me and/or my child.**

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_