

# HOLD HARMLESS WAIVER

It is my intent as a participant or swimmer competing/training in the Homewood Flossmoor Swim Club (HFSC) sanctioned activities, while participating during activities including but not limited to any pre-team or post-team activities, practices, or swim lessons with HFSC that I am agreeable to the following:

I acknowledge that I am aware that there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from:

- An outbreak of any and all communicable disease, including, but not limited to, the virus “severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)”, which is responsible for Coronavirus disease (COVID-19) and/or any mutation or variation thereof:

In consideration of having the opportunity to participate as either a team member, student or competitor at location, and in acknowledging that I am aware of and willing to assume the risks associated with this activity, I hereby voluntarily agree to waive, hold harmless and indemnify Homewood Flossmoor Swim Club (HFSC) and its trustees, agents, volunteers and employees from any and all claims, demands and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my participation in the above activities. I indicate agreement to this hold harmless elective noted below.

Printed Name (Parent/Guardian): \_\_\_\_\_

Printed

Minor Swimmer(s): \_\_\_\_\_

\_\_\_\_\_

Signature

(Parent/Guardian): \_\_\_\_\_

Date: \_\_\_\_\_

**HOMEWOOD-FLOSSMOOR SWIM CLUB (HFSC), Inc.  
HAMMERHEAD SWIM SCHOOL – SPRING UPDATED 4/24  
WEEKNIGHT SWIM LESSONS**

**PLEASE PRINT LEGIBLY.**

**Swimmer Information:**

Last Name	First Name	MI	Gender	Birth Date	Age
Last Name	First Name	MI	Gender	Birth Date	Age
Last Name	First Name	MI	Gender	Birth Date	Age

Parent/Guardian _____	Parent/Guardian _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Email Address _____	Email Address _____

**In the event of an emergency practice cancellation, etc., please list the contact number you would like to be contacted at:**

Previous swim experience: \_\_\_\_\_

Please list any disabilities, special concerns, or medical conditions/medication we should know about:

**SESSION DATES: PLEASE INDICATE WHICH SESSION(S) YOU ARE REGISTERING FOR.  
WEEKNIGHT GROUP LESSONS – 6pm – 6:45 pm**

\_\_\_\_\_ Session 5: April 30, May 3, 6, 7, 8, 9 (6 classes \$135)

\_\_\_\_\_ Session 6: May 13, 14, 15, 16, 20, 21, 22, 23 (8 classes \$180)

**FEES: 12 lessons per session \$265; 10 classes \$ 225; 8 classes \$180; 6 classes \$135,**

PAYMENT: CHECK #: \_\_\_\_\_ CASH: \_\_\_\_\_ VENMO: \_\_\_\_\_ NEW: ZELLE \_\_\_\_\_  
(Payable to HFSC) (Link: Ct-Hfswim) hfwimclubzelle@yahoo.com

REGISTRATION FEE: \_\_\_\_\_  
TOTAL PAID: \_\_\_\_\_

**ALL FEES ARE DUE IN FULL AT TIME OF REGISTRATION.  
DATES SUBJECT TO CHANGE BASED ON POOL AVAILABILITY**

# HAMMERHEAD SWIM SCHOOL POLICIES AND RELEASE

**CANCELLATION POLICY:** To cancel a class student must withdraw at least **7 DAYS** prior to beginning of Session. **INSTRUCTORS ARE HIRED BASED ON REGISTRATIONS – YOU WILL NOT RECEIVE A REFUND. A SESSION CREDIT LESS 20% CANCELLATION FEE WILL BE ISSUED. NO CREDIT IS ISSUED FOR WITHDRAWAL IF LESS THAN 7 DAYS NOTICE IS GIVEN.**

**REFUND POLICY: NO REFUNDS.** Session credits will be offered under the following circumstances:  
Facility Closure and Extended Illness with Dr's. note. If a swimmer is absent for **THREE CONSEQUITIVE CLASSES** A credit will be issued when a note from the doctor is presented documenting dates the child was not permitted to swim. Credit will be issued for **\$10 per class missed** for group lessons.

**CREDITS:** Credits may be applied to Swim School, and private lessons. Credit vouchers must be presented at time of registration. Vouchers will not be replaced if lost or stolen. Credit vouchers are not transferable or redeemable in cash.

**MAKE-UP POLICY: WE DO NOT OFFER MAKE-UPS for illness or conflicts with other activities.**

**USE OF SWIM DIAPER: ALL PARTICIPANTS UNDER THE AGE OF FIVE (5) YEARS ARE REQUIRED TO WEAR A REUSABLE SWIM DIAPER. THESE MUST HAVE TIGHT FITTING ELASTIC AROUND THE LEGS AND WAIST. DISPOSABLE SWIM DIAPERS ARE NOT ALLOWED. NO EXCEPTIONS.**

**POOL CLOSINGS: The pool will be closed for the following reasons:**

1. When a child vomits or has a bowel movement in the pool, the pool must be closed for sanitation.
2. If conditions in the pool make it unsafe for students to be in the pool, the pool will be closed.
3. In the event of a facility schedule conflict

**In the event the pool is closed for any of the above reasons a credit will be issued. Please refer to the REFUND and CREDITS listing above.**

**POOL CLOSING FEE:** If your child vomits or has a bowel movement in the pool causing the pool to be closed, **a \$200 fee will be assessed.** The swimmer is not allowed to return to class until the fee is paid.

**PARENT OR COACH CONFERENCE:** Communication with the Coach/Instructor must be done prior to lesson start or after lesson is completed. No communication is to take place during a lesson unless initiated by a member of the staff.

**RELEASE AND INDEMNIFICATION:** For and in consideration of the benefits to me from the use by me and/or my child(ren) of the facilities of HF High School and HFSC, Inc. and other good and valuable consideration, the undersigned, individually and of his/her heirs and personal representatives, hereby release HF High School & HFSC, Inc. directors, officers, agents, swim team members and employees from any and all claims of any kind or nature whatsoever, arising out of the use by me and/or my child(ren) of said facilities. The undersigned, individually and for his/her heirs and personal representatives, further agree to indemnify, defend and forever hold harmless HF High School & HFSC, Inc. and their directors, officers, agents, swim team members and employees from any and all liability or loss whatever, (including any cost of defending claims) arising out of said use of said facilities.

**By signing below I agree that I have read and understand and will abide by the above Swim School policies and release.**

Name: \_\_\_\_\_ (Please print.)

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

Student's name: \_\_\_\_\_ Class: \_\_\_\_\_

Student's name: \_\_\_\_\_ Class: \_\_\_\_\_

Student's name: \_\_\_\_\_ Class: \_\_\_\_\_