



2016 LAP SWIMMING PROGRAM

I will participate in the Lap Swimming Program at Larose Civic Center. I am aware that there is no certified lifeguard on duty during the lap swimming program, and I agree to only swim when another lap swimmer is in the pool.

I will sign in the binder provided each time.

For and in consideration of entrance onto the premises, I agree to release Bayou Civic Club, Board of Directors, Staff and Volunteers and its owners, officers, operators, agents and employees from, and waive, any and all claims and liability arising out of the services they provide and/or use of their facility, including but not limited to personal injuries or damages arising from their ordinary negligence. This release and waiver applies to myself.

As an adult (18 years of age or over), I acknowledge that the information below is accurate.

Name (Please print): _____

Signature: _____ Date: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Hours: Monday – Thursday
5 a.m. – 6 a.m.
6 a.m. – 7 a.m.
11:30 a.m. – 12:30 p.m

Price: \$4 daily
\$40 per month
\$160 for the season

DATE: _____ BY: _____ CHK/RCPT: _____

FOR: _____ EXP: _____