FOR: Children in the community as young as 2 ½ years old (if comfortable in the water and when separated from parents). We want this to be a good experience.

DATES: Wednesdays – April 3rd through May 1st.
OR
Saturdays – April 6th through May 4th.

INSTRUCTION: Swimming and/or diving lessons for all ability levels taught by members of the Amherst College Swimming and Diving team, under the supervision of the Amherst Aquatic Staff. The objective is to instruct community children in small group settings (generally 2 or 3).

WHEN: Classes are offered from 3:40-4:20, 4:30-5:10 and 5:20-6:00 on Wednesdays, or Saturdays from 9:00 - 9:40 a.m., 9:50 - 10:30 a.m. and 10:40 - 11:20. Sessions will be limited to approximately 45 children and filled on a FCFS basis.

WHERE: Pratt Pool, located on the lower level of Alumni Gymnasium adjacent to the cage at Amherst College.

REGISTRATION: By mail or in person (Alumni Gym M-F 8 a.m. – 5 p.m.). Please fill out the attached registration form (including waiver) and return it with a check or cash for the appropriate amount by Tuesday, March 26th.

WAIVER: All participants are required to have the enclosed waiver signed on their behalf by their parent or legal guardian. No changes will be made to the waiver form, and waivers that have been modified will not be accepted. Parents may also sign as witnesses (i.e. first parent signs, second parent witnesses).

COST: Program cost is $85 for five lessons. Please make checks payable to Amherst College Swimming and Diving and send registration form, signed waiver and check to:

Nick Nichols
Amherst College
1202 Alumni Gym
Amherst, MA 01002

Refunds will not be possible after placements are set on April 1st.

Email Nick or Cody at amherstcollegeswimlessons@gmail.com if you have questions.

All proceeds help fund the team's training trip in January.

EQUIPMENT: Each participant must provide his/her own swim suit and towel.

SPECTATORS: Unless invited, parents should not be on the pool deck. This permits us to provide the best possible instruction to participants. Allow approximately ten minutes prior to the scheduled lesson time to change clothes. Please use the main locker rooms, which are located downstairs, near the elevator.
## REGISTRATION FORM

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<thead>
<tr>
<th>PARENT(S) NAME:</th>
<th>PHONE:</th>
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### PARTICIPANT(S) NAME(S):

<table>
<thead>
<tr>
<th>GENDER</th>
<th>AGE</th>
<th>SWIMMING OR DIVING:</th>
<th>ABILITY LEVEL(S)</th>
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#### Preference (Circle one):

- **Saturdays** -- (1<sup>st</sup>) 9:00 – 9:40 am  (2<sup>nd</sup>) 9:50 – 10:30  (3<sup>rd</sup>) 10:40 – 11:20
- **Wednesdays** -- (1<sup>st</sup>) 3:40 – 4:20 pm  (2<sup>nd</sup>) 4:30 – 5:10  (3<sup>rd</sup>) 5:20 – 6:00

**NOTE: YOU WILL ONLY BE CONTACTED IF YOU DO NOT RECEIVE YOUR TIME PREFERENCE.**

~Each session will be limited to approximately 45 participants~

### SWIMMING:

- Level I  Non-Swimmer
- Level II  Beginner (puts face in water, can swim ten feet or so)
- Level III Advanced Beginner (swims approximately 25 feet)
- Level IV  Intermediate (transition to deep water and can swim one length of the pool)
- Level V   Swimmer (can swim four lengths or more)
- Level VI  Stroke Technique (can swim ¼ mile or more)

### DIVING:

- Level I  Non-Diver
- Level II  Beginner (can dive from board)
- Level III Intermediate (can do five or six different dives)
- Level IV  Advanced (can do ten or more competitive dives)

**MAKE CHECKS PAYABLE TO AMHERST COLLEGE SWIMMING AND DIVING**

~Please turn over for waiver~
ACKNOWLEDGMENT AND ASSUMPTION OF RISK

I HEREBY ACKNOWLEDGE AND AGREE that participating in the Program has inherent risks. Activities may include swimming, diving, using changing facilities or other campus facilities.

Despite precautions, accidents and injuries can occur. I understand that participation in the Program is potentially dangerous, and that I/my child may be injured and/or lose personal property as a result of participation in the Program. I have full knowledge of the nature and extent of all the risks associated with the Program, and the use of all associated equipment, facilities and services, I accept the condition of the facilities and equipment as they may now or hereafter exist, therefore I ASSUME ALL RISKS RELATED TO THE ACTIVITIES including but not limited to:

- Death, injury or illness from accidents of any nature whatsoever, including but not limited to personal or bodily or mental injury of any nature whether severe or not, permanent or not, including but not limited to head or joint trauma, broken bones, oral, eye or other facial injury, other muscular-skeletal or internal or nervous system injury, including drowning, death, stress or other trauma which may occur as a result of participating in an activity or contact with equipment, materials, physical surroundings or other persons, failure or defect of equipment, actions of other persons or failure to act whether negligent or not, or dangerous physical surroundings.
- Theft or loss of my/my child’s personal property while in transit or at the College or participating in the Program.
- Natural disaster or other disturbances, and alteration or cancellation of the Program due to such causes.

I further acknowledge that the above list is not inclusive of all possible risks associated with the Program or the use of facilities, equipment, or services in association with the Program, and that the above list in no way limits the extent or reach of this release. I further understand that participating in the Program is an acceptance risk of injury.

RELEASE FROM LIABILITY

In consideration of my/my child’s participation in the Program, I, to the fullest extent permitted by law, agree to forever release and on behalf of myself, my spouse, my child, heirs, representatives, executors, administrators and assigns, HEREBY DO FOREVER RELEASE Amherst College from any cause of action, claims, or demands of any nature whatsoever, including but not limited to a claim of negligence which I or my spouse, child, heirs, representatives, executors, administrators and assigns may now have or have in the future against Amherst College on account of personal injury, bodily injury, property damage, death or accident of any kind, arising out of or in any way related to my/my child’s participation in the Program and/or the use of facilities, equipment, or services in association with the Program howsoever the injury is caused, whether by the negligence of Amherst College or otherwise.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the Program and the use of facilities, equipment, or services in association with Program, and that I am voluntarily assuming all risks, whether known or unknown.

I understand that I will be solely financially and otherwise responsible for any loss or damage, including death, which I/my child sustain, whether in whole or in part, while participating in the Program and my/my child’s use of facilities, equipment, or services in association with the Program, and that by this agreement I am relieving Amherst College of any and all financial or other liability for such loss, damage or death.

I further certify that I am legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and I certify that I am signing this agreement after having carefully read and understood the same, of my own free will. This agreement is made in sole consideration of Amherst College permitting my/my child’s participation in the Program and my/my child’s use of facilities, equipment, or services in association with the Program.

This agreement shall be construed and enforced in accordance with the laws of the Commonwealth of Massachusetts, and I consent to the jurisdiction of said state. I expressly agree that this waiver and release is intended to be as broad and inclusive as permitted under the laws of the Commonwealth of Massachusetts, that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. IN WITNESS WHEREOF, this instrument is duly executed at______________, Massachusetts, this day of _______________, 2019.

IMPORTANT - READ ENTIRE AGREEMENT BEFORE SIGNING

Child’s Name(s) Printed: _______________________________

Parent Signature: _______________________________

Name Printed: _______________________________

Tel. No.: _______________________________

Witness Signature: _______________________________

Name Printed: _______________________________

Signatures need not be notarized but must be witnessed.