
PAYSON PIKES

RECREATIONAL SWIM TEAM

Practices Begin: June 3, 2019 | Season End Date: July 27, 2019
Swim Meets: Saturdays - away meets at the responsibility of the participant
Swim Team Practices: Monday-Friday @ Taylor Pool, 8:00am-9:30am

Ages: 5-18 years old

Registration Deadline: June 2, 2019

Online registration at paysonrimcountry.com or in-office at the Parks & Rec. Office

Registration Fee: \$80

Swim Team Practices: Monday-Friday @ Taylor Pool, 8:00am-9:30am

PARTICIPANTS NAME: _____ GRADE / AGE: _____ / _____

BIRTHDATE: _____ GENDER: MALE FEMALE

PARENT CONTACT: _____ PHONE #: _____

ADDRESS: _____ EMAIL: _____

****Email will be the main contact for swim team updates & information****

In consideration of being allowed to participate in any way in Payson, Parks, Recreation, and Tourism sports programs, related events and activities, the undersigned acknowledges, appreciates and agrees that: the risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis or death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious death does exist; and, I knowingly and freely assume all such risks, both known and unknown, if arising from the negligence of the release or others, and assume full responsibility for my participation; and, I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attentions of the nearest official immediately; and, I, for myself and on behalf of my heirs, assign, personal representative and next of kin, HEREBY RELEASE AND HOLD HARMLESS The Town of Payson, Payson Parks, Recreation, its officers, officials, agents and/or employees, and if applicable, owners and lessors of the premises used to conduct the event (releases), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

PHOTO/AUDIO/VIDEO RELEASE: As the of parent/guardian of the above listed minor, I understand that the participation may be photographed, audio/video recorded. I give consent to the above minor being photographed, audio and/or video recorded during their participation.

Signature: _____ Date: _____
(If under 18, parent or guardian)

Please Print Name: _____

Amount _____	Payment Type: Check # _____	Cash	Visa	MC	Date _____	Clerk Initial _____
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