

# Winter: Stingrays Swim Team



Gene Fullmer Recreation Center

8015 S 2200 W

**Ages:** 6–18

**Beginners:** Tuesday/Thursday, 6 pm–7 pm

**Intermediate:** Monday/Wednesday 6 pm–7 pm

**Advanced:** Monday–Thursday (4 nights) 7 pm–8 pm

**Stroke Clinics:** TBA

## November 4–27

Beginner \$28

Intermediate \$28

Advanced \$56

## December 2–19

Beginner \$24

Intermediate \$24

Advanced \$48

## January 6–30

Beginner \$32

Intermediate \$28

Advanced \$60

## February 3–27

Beginner \$32

Intermediate \$28

Advanced \$60



**Swim assessments are required to participate on this team**

Swim assessments will be offered the first two (2) days of each session. During the assessment the swimmer will be evaluated and assigned to a practice group.

### Contacts:

Rob Turner – [RTurner@saltlakecounty.gov](mailto:RTurner@saltlakecounty.gov)

Catherine Atnip – [CAtnip@saltlakecounty.gov](mailto:CAtnip@saltlakecounty.gov)



## PRE-INJURY RELEASE – Acknowledgement of Risk:

Accidents happen. I understand that Salt Lake County cannot eliminate all risks associated with its events, programs, or recreational or physical fitness activities (the “Activity”). I agree that my participation, whether active or as an observer, in the Activity at Salt Lake County owned or operated parks and recreation facilities or using any Salt Lake County owned facilities or equipment involve risks and hazards which may expose me to bodily injuries and personal injuries, damage to property, illness, or death.

**Assumption of Risk:** I agree to assume all the risks of the Activity. My participation in the activity is purely voluntary, and I elect to participate despite the risks.

**Release and waiver of rights including claims of Salt Lake County negligence:** I hereby voluntarily release Salt Lake County and Salt Lake County’s employees and volunteer (the “County”) from any and all claims, demands, or causes of action, which are in any way connected with my participation in the Activities, including any and all claims arising out of the County’s negligence. Negligence means that a person (or an entity like the County) did not use reasonable care. We all have a duty to use reasonable care to avoid injuring others. Reasonable care is simply what a reasonably careful person (including the County) would do in a similar situation. A person, or an entity like the County, may be negligent in acting or in failing to act.

**Refund:** Refunds may only be requested in person and must be accompanied by a written request. As per Salt Lake County policy and procedures the Parks and Recreation Division may withhold 25% of the refund (program registration fee) for administrative costs. No refunds shall be given after the first day of the program.

**Collections:** I agree to pay Salt Lake County all costs incurred, together with reasonable attorney’s fees in the event that my account is referred for collection. I understand that any account delinquent 30 days or more will be turned over to collection.

**Emergency Treatment:** I hereby authorize Salt Lake Parks and Recreation program staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise therefrom.

**Media Consent:** I hereby grant permission to Salt Lake County to use my or my children’s photograph, videotaped image, quotes/comments, or name for publicity and educational purposes in any and all publications and media without limit or compensation.

**Name Posting:** Unless otherwise indicated below, Salt Lake County is authorized to post or publish the name of my child participating in Salt Lake County recreational activities on the Salt Lake County website.

I do not authorize Salt Lake County to post or publish the name of my child participating in Salt Lake County recreational activities on the Salt Lake County website.

By signing, I acknowledge that I have read and understand the contents (refunds, collections, emergency treatment, media consent, name posting) and I agree to the terms. I have read and understand this Pre-Injury Release. By signing below, I fully understand that I am agreeing to release the County from any liability for the County’s negligent acts or omissions.

**Name of Child Participant:** \_\_\_\_\_

**Signature (Parent or legal Guardian):** \_\_\_\_\_

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