

membership and passes 2016

LS R-7 AQUATIC CENTER | 3498 SW WINDEMERE DRIVE, LEE'S SUMMIT, MO 64082 | P: [816] 986.1465 | W: aq.lsr7.org

OPEN/LAP SWIMMING:

DAILY PASS: \$5

MONTHLY PASS: \$20

MONTHLY PLUS PASS: \$40

FAMILY PASS: \$50

LSSD FAMILY PASS: \$35

SENIOR DISCOUNT MONTH PASS: \$18

AQUA AEROBICS:

Aqua Aerobics is easy on knees and joints, yet still is a great calorie-burning workout you crave.

CLASS OPTIONS:

Deep Water HydroBlast: This is a high intensity class using a combination of cardio and strength workout using weights, bands, and noodles.

Shallow Water Toning: This class will improve muscle tone, flexibility, cardiovascular fitness, and increased range of motion.

CLASS SCHEDULES:

- Mondays from 9a-10a (Deep Water HydroBlast)
- Wednesdays from 8a-9a (Deep Water HydroBlast) & 9a-10a (Shallow Toning)
- Fridays from 8a-9a (Deep Water HydroBlast) & 9a-10a (Shallow Toning)

CLASS PASSES:

- Daily Pass (one time use): \$5
- Punch Card Pass: \$40 for 10 classes

Participant Information: (please print clearly)

Participant Name #1 _____

D.O.B. _____ Age _____

Participant Name #2 _____

D.O.B. _____ Age _____

Parent/Guardian Name (unless 18+) _____

Address _____ City _____

State _____ Zip _____ Phone _____

Email _____

SEE BACK ----->

Lee Summit R-7 Aquatic Center

RELEASE OF LIABILITY AND ASSUMPTION OF RISK:

IN CONSIDERATION OF being permitted to use the swimming pool and facilities, the undersigned agrees to the following:

1. Participant will abide by all policies and procedures regarding swimming pool activities;
2. Risks and dangers exist during swimming activities. These risks include physical injuries, psychological injuries and even the possibility of loss of life;
3. Each person is responsible for his/her actions and those of his/her children in the swimming pool and around the pool area and agrees to abide by all posted rules, policies and procedures in order to maintain the utmost level of safety;
4. I hereby assume all of the risks of participating in the swimming pool activities and will hold the owner/operator and its employees, agents, officers, trustees and affiliates harmless from any and all liability, actions, demands, damages, expenses, costs, claims and causes of action of any possible nature in respect of injury, death loss or damage to myself, child or property however caused as a result of or in any way relating to my activities in the swimming pool and around the pool area;
5. I further agree to indemnify and hold harmless the owner/operator, its employees, agents, officers, trustees and affiliates from and against any and all liability incurred as a result of or in any manner related to my participation in swimming pool activities;
6. If, despite the signing of this waiver, a lawsuit is brought against the owner/operator, its employees, agents, officers, trustees or affiliates in relation to participation in the swimming pool activities, I agree to pay for any and all court costs and attorneys fees incurred as a result of such litigation;
7. I also declare that neither I nor my children, if applicable, are under the influence of any chemical substance including alcohol at the time of the signing of this release or at the time of participation in pool activities;
8. I agree that if any provision of this release is found to be unenforceable or invalid in any way, the remaining provisions will remain in force and effect;
9. I fully understand that swimming pool activities involve a certain level of risk of injury. My participation in these activities and my signing of this waiver are completely voluntary.

PARTICIPANT/PARENT/GUARDIAN Signature for Liability Waiver: _____

MEDICAL INFORMATION: Please list any medications or additional information needed: _____

PARENT/GUARDIAN PERMISSION FOR PUBLICATION OF PICTURES:

I give my permission for the Lee's Summit School District and/or Lee's Summit R-7 Aquatic Center to post the participants picture (without name) on the Internet or in a printed advertisement. Occasionally a group picture with the participant may be used, but participants will never be identified by name in group pictures.

PLEASE INITIAL YOUR CHOICE:

I give permission for the above Publication Guidelines _____

I DO NOT give permission for the above Publication Guidelines _____

PLEASE INITIAL IF YOU HAVE READ AND UNDERSTOOD:

Refunds are not given once registration is received. _____

That you have read and reviewed the refund policy on website. _____

FOR FRONT DESK USE:

Front Desk Staff Initials: _____

Check # _____

Credit Card # _____

Cash

Date of payment: _____

Amount paid: _____