

Get Into The Olympic Spirit!



Sponsored by:



Serving the Steiner Ranch Community

Also come hear Josh speak Sun, Aug 3rd

Worship times: Sun 9am and 10:45am
12124 RR 620 North, near Lakeline Mall
www.hcbc.com

BREAKOUT! SWIM CLINIC REGISTRATION FORM

Swim Clinic: 4:30pm – 8:00pm Saturday, Aug 2nd at Bella Mar pool in Steiner Ranch

Check-in: please arrive at 4:15pm

Registration Deadline: 5:00PM, Friday, July 18th

- Sign-up early because registration will be open to communities outside of Steiner after July 5th if slots are still available

Requirements:

- Swimmer must be between ages 7 and 18
- Swimmer must have been on a swim team or competed for at least one season
- Submit \$10 per swimmer to participate (checks only, payable to Steiner Stars)
- Complete a registration form and liability waiver per swimmer

What to bring to the event:

- Extra Food (snack and drink will be provided), towels, goggles, swim cap, chairs for parents, sunscreen, and a positive, learning attitude

Please insert information in grey boxes below:

Swimmer's Name: Age:

Address:

City: State: Zip:

Swim Team Name:

Swimmer's 25yrd freestyle time (for grouping purposes):

Parent's Name(s):

Parent's Phone Number(s) for emergency contact:

Parent's Email(s):

Print out and deliver both pages of registration form with check payable to Steiner Stars to:

- Theresa Piegat – Steiner Stars
 - Place in drop box next to front door at 3213 Oxsheer Dr
 - Mail to 3213 Oxsheer Dr, Austin, TX 78732
- Or, place in the Social Folder of family folder boxes at Steiner Stars practice

Questions the event: contact Carolyn Knowles at cwknowles@aol.com.

Mutual of Omaha Breakout Swim Clinic

LIABILITY RELEASE AND INDEMNIFICATION FORM

THIS IS A RELEASE. YOU ARE URGED TO READ THIS CAREFULLY BEFORE SIGNING.

I, the undersigned participant and parent, request voluntary participation for _____ (name), a minor (“I” or “Minor Participant”), to participate in the Mutual of Omaha BREAKout! Swim Clinic activity on _____ (date), which begins at _____ (time) and ends at _____ (time) sponsored by _____ (club) all of which are hereinafter referred to as the “activity.”

I consent to my/minor’s participation in the activity and acknowledge that the minor and I fully understand my/minor’s participation may involve risk of serious injury or death, including losses which may result not only from my/minor’s own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before the activity begins.

Release – Minor’s Rights:

In consideration of allowing me to participate in the activity, I hereby release and hold harmless Mutual of Omaha, members of its boards of directors, and its officers, employees, members, volunteers, other participants, and agents (collectively, the “Released Parties”), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain with respect to any and all damage and/or injury, of any type, arising out of my participation in this activity. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

(Print name of minor)

(Signature of minor)

(Date)

Release – Parents’/Guardians’ Rights:

In consideration of allowing Minor Participant to participate in the activity, I hereby release and hold harmless the Released Parties of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain with respect to any and all damage and/or injury, of any type, arising from Minor Participant’s participation in the activity. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I certify that my/minor is in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my/minor’s personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

(Print name of parent/guardian)

(Signature of parent)

(Date)

Indemnification by Parent/Guardian:

The undersigned parent/guardian further agrees to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising from Minor Participant’s participation in the activity.

(Print name of parent/guardian)

(Signature of parent)

(Date)