

Trefethen Aquatic Center

Mills College • 5000 MacArthur Blvd • Oakland, CA 94613 • 510.430.2170

PRIVATE SWIM LESSON REQUEST

Private swim lessons are 30 minutes long. The maximum number of students in a private lesson is two; the students should be of similar swim abilities.

Student's Name _____ Age _____
Last First

Parent's Name _____

Phone number _____

Skill Level (approximate) _____

Best times for lessons _____

Special concerns/requests _____

Fee for Lesson payable at the time of the lesson (Make checks out to Mills College Aquatics):

\$ 40.00 for one student

\$60.00 for two students

I am aware that this is a potentially dangerous activity and involves certain risks including but not limited to, risks from body contact, falls and collisions, carelessness, contact with equipment, weather problems, communicable diseases, heat exhaustion, sun exposure, drowning, ear infections, eye and skin irritations, risks from physical exhaustion, exposure to chemicals and other similar risks in a pool environment, stolen personal property, and physical confrontation with other participants and non-participants.

I understand these risks and on behalf of myself or my child or ward, I agree to indemnify and release Mills College, its officers, volunteers, agents, and employees and all sponsors from all liability, claims, damages, and actions, and related costs and expenses (including reasonable attorney's fees) that may arise out of participation by my child or ward in this activity.

As a parent/guardian or participant, I hereby consent to emergency treatment for my child or ward or myself as a result of an accident or injury. I further agree to pay any and all costs incurred as a result of said treatment.

I have fully read this LIABILITY RELEASE, including the Participant Guidelines and Refund Policy on the reverse side of this form and understand their content. Furthermore, I have explained the significance of this release of liability and Participant Guidelines to my child or ward.

Signed _____
Parent/Guardian or Participant, if over age 18

Date _____

Office Use Only:

_____ Request Approved by Aquatics Coordinator

Payment Received _____

_____ Request Denied by Aquatics Coordinator

Payment Recorded _____

Reason:

Instructor Assigned _____

Date/s and Time/s of Lesson

Date/s _____ Time/s _____