

TREFETHEN AQUATIC CENTER  
Mills College  
5000 MacArthur Blvd • Oakland, CA • 94613 • 510/430-2170

**Basic Water Rescue Registration Form**

PLEASE PRINT LEGIBLY

Date \_\_\_\_\_

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City/Zip \_\_\_\_\_

E-mail \_\_\_\_\_

**In Case of Emergency:**

Notify \_\_\_\_\_ Relationship \_\_\_\_\_

Hospital \_\_\_\_\_ Medical Group \_\_\_\_\_ Dr. \_\_\_\_\_

**Course Prerequisites:**

- None

**Course Fees:** \$50, includes textbook and Red Cross program fees

**Basic Water Rescue**  
**Sunday, November 1, 2009—9am-1pm**

OFFICE USE ONLY: Paid \$ \_\_\_\_\_ ----Cash \_\_\_\_\_ Ck # \_\_\_\_\_ Credit Card \_\_\_\_\_ Initials \_\_\_\_\_

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 grant permission to Mills College to use any photographs taken of my child during this activity in promotion and/or advertisement of this program.

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 \_\_\_\_\_ Date \_\_\_\_\_

Participant (or Parent/Guardian if under age 18)