

De Anza College – Adult Lap Swimming

PROGRAM DETAILS:

Dates: January 9th-May 25th, 2017 (Summer Hours TBD)
No class February 17th-20th, April 1st-9th

Days/Times: Tuesday, Wednesday, Thursday – 5:30-7:00AM

Fees: \$35/month**

**A \$10 discount will be given to senior participants (65&Older)

REGISTRATION INFORMATION:

Name:

_____ Age: _____ Sex: M F Birthdate: _____
Last First MI Circle MM/DD/YY

Phone: _____ Email: _____

DACA WAIVER AND RELEASE OF ALL LIABILITY

I, _____, have voluntarily requested to participate in the De Anza Cupertino Aquatics (“DACA”) swim lessons and/or swim team (hereinafter, “the Activity”). I am aware that attendance or participation in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I understand that attendance or participation in the Activity could result in personal injuries, including death, and property loss or damage. I voluntarily accept and assume all risk from attending or participating in the activity.

In consideration of being permitted to participate in the Activity, I agree, on behalf of myself, my spouse, dependents, heirs, personal representatives, and assignees, to hold DACA and its employees, officers, directors, shareholders, insurers, agents, contractors, and servants, members and board members, the city of Cupertino, or De Anza College (collectively referred to as the “Released Parties”) harmless from any and all liability, actions, claims and demands of every kind and nature that may arise out of the Activity to the maximum extent permitted by law. Therefore, I am agreeing not to sue the Released Parties for any personal injury or property damage, even if Released Parties’ negligence contributed to the injury or damage, resulting from my child’s and/or my attendance or participation in the Activity.

I agree to release DACA from all claims, whether known or unknown. Therefore, I specifically waive Section 1542 of the California Civil Code, which reads as follows:

A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.

The provisions of this waiver form are severable and if any one or more provisions are determined to be unenforceable, in whole or in part, the remaining provisions and partially enforceable provisions shall be binding and enforceable.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT RELEASES DACA AND OTHERS FROM ALL LIABILITY RELATED TO MY AND MY CHILD’S ATTENDANCE AND PARTICIPATION IN SWIM LESSONS AND/OR SWIM TEAM.

Name of Participant _____

_____ Date

_____ Signature of Participant

PAYMENT:

Please select payment preference for automatic debit:

_____ Master Card

_____ VISA

_____ Discover

Card #: _____

Expiration Date: _____

Name as it appears on the card: _____

Billing Address (if different from Family Address):

Street

City

Zip

Payment Details:

- The first month's dues will be pro-rated based on start date and processed at the time of registration. Thereafter, all active participants will be charged on the first business day of the month.
- Enrollment is ongoing. Withdrawal Forms (available at www.daca.org) must be submitted electronically, by fax or by mail. A Withdrawal Form must be received no later than the 21st of the month to avoid being charged for the following month. There are no exceptions. Phone notification is not a valid form of notification.
- There are no refunds, credits or make-ups for missed classes due to severe weather conditions, or any other reason out of DACA's control.
- A \$25.00 handling charge will be assessed for declined credit card charges. If a credit card payment is declined, you may be required to make a payment by Cashier's Check or Money Order.

Authorization:

I have read and agree to the general and written policies as stated above. I understand that by signing this Sheet I am entering into a legally enforceable agreement with DACA. I authorize DACA to debit my credit card for all dues.

Cardholder Signature: _____