



2020 All-Abilities Swim Lessons Application

Therapeutic Recreation for People with Disabilities or Cancer

6901 Goldenstein Lane • Bozeman, MT 59715

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FOR OFFICE USE: DP AA

Media Release
 Y N

All information is required! Please reach out with any questions (including level placement, class times/availability, etc.)

Legal Name _____ Birthdate _____ Sex M F

I prefer to be called _____ Responsible Party of Eagle Mount Fees _____

Mailing Address _____
Street Address _____ City _____ State _____ Zip _____

Cell Number _____ Can we send you text reminders? Y N

Alternate Phone _____ Home Work Email _____

EMERGENCY INFORMATION - REQUIRED

Please provide the name and phone number of someone who can be contacted in case of emergency
(If under 18, this is in addition to parents name with phone number.)

Name:		Relationship:
Home Phone:	Work Phone:	Cell Phone:

PARENTS/ GUARDIAN INFORMATION (FOR PARTICIPANTS UNDER 18)

Parents/Legal Guardian _____ Preferred Phone _____

Mailing Address* _____

*If different from above Street Address _____ City _____ State _____ Zip _____

Mother's Email _____ Alternate phone number(s) _____

Father's Email _____ Alternate phone number(s) _____

- Cell
- Home
- Work
- Cell
- Home
- Work

SWIMMING EXPERIENCE

Please select the level that best fits your child's current swimming ability.
(If it is determined during the first lesson that a child is in a class that does not match his/her ability in the water, they may be moved into a different class.)

Parent/Tot: for kids aged 6 months-3 years to encourage familiarity in the water (M/W 6-6:30)

Level 1 – water exploration: For kids with little to no experience in the water who cannot float on their own

Level 2 - water independence: for kids who are comfortable with going under water but cannot yet float on their own

Level 3 - development: for kids who can float on their own and are comfortable kicking on their front and back

Level 4 - refinement: for kids who are proficient in freestyle and backstroke and are able to swim independently of instructor assistance

Level 5 – club readiness: for kids who are trying to master all four competitive strokes

- 4 Week Sessions (Circle Preference) Monday/Wednesday **OR** Tuesday/Thursday Class options!
- \$75 a Session; 30 minute class time blocks

Please number in order of preference 1-4, 1 being your preferred time (we will do our best to accommodate your request!)

6:00 pm-6:30 pm 6:30 pm-7:00 pm 7:00 pm-7:30 pm 7:30 pm-8:00 pm

MEDICAL INFORMATION

Please list any major medical concerns or disabilities

(If participant’s disability qualifies them as an Eagle Mount participant, a complete Eagle Mount application may need to be filled out*)

Medical Concerns/Disabilities _____

Current Medications? Yes No Type/Purpose _____

Allergies to food or medications? Yes No Please List _____

* All-Abilities participants who meet Eagle Mount qualifications of disabilities may be eligible to apply for a scholarship to help cover the costs of lessons. Please contact the All-Abilities Coordinator with any questions.

EAGLE MOUNT BOZEMAN

- I agree to respect Eagle Mount Bozeman participants’, staff, and volunteers’ rights with regard to privacy of information and to keep “professional” confidentiality in all my statements both within and outside of the organization.
- I understand that Eagle Mount Bozeman staff members have the authority to exclude participants or volunteers from the program for behavior they deem to be unsafe. Use of alcohol or illegal drugs is unsafe behavior.
- I give my consent to Eagle Mount Bozeman and its medical representative to obtain medical care from any licensed physician, hospital, or clinic, for any injury that could arise from participation in Eagle Mount Bozeman activities.

X _____
 Signature of Participant/Guardian Date

MEDIA RELEASE FORM

Name _____ Age _____ Male _____ Female _____

(PLEASE PRINT CLEARLY)

MEDIA/PHOTO WAIVER: I hereby DO DO NOT authorize and give my full consent to Eagle Mount Bozeman to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending Eagle Mount event and programs. I further agree that Eagle Mount Bozeman may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

X _____
 Signature of Participant or Guardian Name (if Guardian) & Date (PLEASE PRINT) CLEARLY

PARTICIPANT ASSUMPTION OF RISK

PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING. All volunteers must sign this document. For volunteers under 18 yrs. of age, one or both parent(s) or legal guardian(s) must also sign. Throughout this document, volunteers under 18 yrs. of age will be referred to sometimes as 'minor' or 'child,' and parent(s) and guardian(s) will be referred to collectively as 'parent(s).' In consideration of the services of Eagle Mount Bozeman, and its employees, representatives, volunteers, board members, and all other persons or entities associated with them (collectively referred to in this Document as 'Eagle Mount'), the undersigned volunteer and parent(s) of a minor volunteer, acknowledge and agree as follows:

I (and my Parent(s), if I am a minor) agree and acknowledge that participating in Eagle Mount Bozeman programs activities involves inherent and other risks, hazards and dangers that can cause or lead to injury, property damage, illness, mental or emotional trauma, disability or death to participant or others. The following includes some, but not all, of those risks, hazards, and dangers:

Risks present in outdoor, skiing, horse activities, swimming, boating, and mountainous environments include storms, strong winds, avalanches, snow or ice, falling rocks or other objects, lightning, high altitudes, rapidly moving rivers or streams, currents, waves, whitewater, stream or river crossings, extremely hot or cold weather or contaminated water, wild animals, disease carrying or poisonous animals or insects, and other natural or manmade hazards, unexpected animal movements or actions, risks of skiing rock climbing, and the like. Risks in decision making including, without limitation, the risk that Eagle Mount Bozeman may misjudge weather, terrain, water conditions, or route location, or they may misjudge a participant's or a volunteer's capabilities. Equipment may be misused, or may break, fail, or otherwise malfunction. Remote locations present risks including delays and difficulties with communication, transportation, evacuation and medical care. Medical facilities may be hours or even days away from the program location. Travel may be by foot, motor vehicle, boat, kayak, horse, bicycle or other means and can be over rough and hazardous terrain. Conduct risks include the potential that the volunteer, other volunteers or participants, or third parties (e.g. general public, rescue personnel, or medical personnel) may act carelessly or recklessly.

These and other risks, hazards and dangers may result in volunteers falling, being struck, colliding with objects or people, experiencing vehicle collision, being thrown or falling from horse, drowning, reacting to weather conditions or increased exertion, suffering complications or allergic reactions, becoming disoriented, or experiencing other problems. These and other circumstances may cause hyperthermia, hypothermia, dehydration, heart or lung complications, broken bones, head injury, paralysis, or other injury, damage, death or loss.

I (volunteer and Parent(s) of a minor volunteer) acknowledge:

- I have accurately completed all required forms and reviewed and understand all Eagle Mount Bozeman program information and materials received;
- I have disclosed to Eagle Mount Bozeman any medical or physical conditions which may affect my (or my child's) volunteering in the program;
- Eagle Mount Bozeman representatives are available if I have questions about the physical demands of and the risks associated with these activities;
- Eagle Mount cannot assure volunteers' safety or eliminate these or other risks.

Volunteer is voluntarily participating with knowledge of the risks. Therefore, volunteer (and Parent(s) of minors) assumes and accepts full responsibility for the risks of these activities (both known and unknown), and for any injury, damage, death or other loss suffered by volunteer (and Parent(s) of minors), resulting from those risks or resulting from volunteer's negligence or other misconduct.

RELEASE AND INDEMNITY AGREEMENT

Please read carefully. This Release and Indemnity agreement contains a surrender of certain legal rights. I (adult volunteer or Parent(s) of a minor volunteer) agree as follows:

- (1) to release and agree not to sue Eagle Mount Bozeman, its Board of Directors, employees, representatives, and other volunteers with respect to all claims, liabilities, suits or expenses (including attorneys' fees and costs) (hereafter collectively 'claim' or 'claims'), in any way connected with my/my child's enrollment or volunteering in these activities. I understand I agree here to waive all claims I may have against Eagle Mount Bozeman and agree that neither I, nor anyone acting on my behalf, will make a claim against Eagle Mount Bozeman as a result of any injury, damage, death or other loss suffered by me or my child;
- (2) to defend and indemnify ('indemnify' meaning protect by reimbursement or payment) Eagle Mount Bozeman with respect to all claims brought by or on behalf of me, my child, or a family member, in any way connected with my/my child's enrollment or volunteering in these activities or use of Eagle Mount Bozeman equipment or facilities.

This Release and Indemnity Agreement includes any losses caused or alleged to be caused, in whole or in part, by the negligence of Eagle Mount Bozeman (but not its gross negligence or intentional or reckless misconduct), and includes claims for personal injury, property damage, wrongful death, breach of contract or otherwise.

Eagle Mount is required by law to include the following: By signing this document you may be waiving your legal right to a jury trial to hold the provider legally responsible for any injuries or damages resulting from risks inherent in the sport or recreational opportunity or for any injuries or damages you may suffer due to the provider's ordinary negligence that are the result of the provider's failure to exercise reasonable care.

X

Signature of Participant or Guardian

Name (if Guardian) & Date (PLEASE PRINT)