Flip Turn Clinic

Master the elusive flip turn. This clinic will help if you answer YES to any of these questions: 1) Are you comfortable swimming freestyle? 2) Do you want to swim laps for fitness? 3) Do you always get water up your nose when you try a flip turn? 4) Are you unable to hold your breath while doing a flip turn? Call Crystal if you are not sure that this clinic is a fit for you. 3 PARTICIPANTS NEEDED TO RUN CLINICS. NO MAKE-UPS OR REFUNDS.



March 10

FRIDAY 6:00 - 7:00am
INSTRUCTOR: Cama Jo Totura



Per Session: \$35 Members | \$55 Guest

To learn more contact Crystal Garland | 303.770.2582 x325 | CrystalG@GreenwoodATC.com

Register at Service or Welcome Desk. Please see reverse for registration and medical release. No make-ups. Please abide by Greenwood Athletic and Tennis Club's Policies and Rules for club use, including but not limited to drop-off parking, youth policies, locker room rules and etiquette, cell phone and whirlpool policies. Thank you. A late fee applies if not registered prior to the first day of class.



Aquatics

Register on the GATC App, or Call 303.770.2582 x274
GreenwoodATC.com/Aquatics



THE Best PART OF Your Day!

ADULT FLIP TURN CLINIC

		WINTER 2017						
Date	Chit #	Amount Paid	Staff Name					
Call Crystal with any questions 303.770.2582 x325								
PARTICIPANT ACRI	FEMENT WAIVER OF LIARI	ITV ASSUMPTION OF RISK RELEAS	SE AND INDEMNIFICATION					

CIPANT AGREEMENT, WAIVER OF LIABILITY, ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION

In consideration of access to and use of the facilities, equipment, events or activities, and the services of JAG Management Group, LLC, the Greenwood Athletic and Tennis Club ("GATC"), the Greenwood Athletic Club Metropolitan District (the "District"), their agents, owners, officers, managers, volunteers, participants, employees, independent contractors, consultants and all other persons or entities acting in any capacity on their behalf (herein collectively referred to as "Releasees"), I hereby agree, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

- I hereby acknowledge, understand and assume the risks and potential dangers arising from the conditions and use of GATC facilities, equipment and premises, including without limitation swimming facilities, inflatable devices and other amusement activities, and participation in GATC events and/or activities, which may occur on, off, or about GATC premises. Furthermore, I hereby acknowledge that the risks include, among other things: drowning; slipping and falling; collision with fixed objects or people; the exposure to insects; exposure to the elements could cause cold water shock, sunburn, dehydration, heat exhaustion, heat stroke, and heat cramps; ability to swim and/or follow directions; falling off of or being thrown from the inflatable; strains, sprains, broken bones and musculoskeletal injuries including head, neck, and back injuries; cuts, abrasions, and bruises; cardiac related illness; the negligence of participants, or other persons who may be present; equipment failure or operator error; my own physical condition, and the physical exertion associated with this activity.
- I acknowledge and understand that included within the scope of this waiver and release is any cause of action arising from the performance or failure to perform construction, maintenance, inspection, supervision or control of GATC facilities, equipment and premises and/or from the failure to warn of dangerous conditions existing at said facilities, equipment or premises.
- I hereby voluntarily relinquish and release, discharge, and agree to indemnify and hold harmless, now and forever, Releasees from any and all claims, demands, liability or causes of action for personal injury, property damage, or death occurring to me or to anyone else, by whomever or wherever made or presented caused by or arising from my presence at or use of the GATC, or GATC facilities, equipment, events, programs or activities, which may occur on, off, or about GATC premises, including but not limited to injury or damage caused by negligence or omission on the part of Releasees.
- Should Releasees or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- I hereby certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
- In the event that I file a lawsuit against Releasees, I agree to do so solely in the state of Colorado, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.
- I hereby consent that photographs and/or video taken by GATC may be used by GATC for promotional materials, including the website. I understand that these photos and/or videos will be used only for promotional purposes, and will not be given to other parties for any purpose other than to promote the GATC. I may request that GATC cease from using any particular photo or video in future materials or promotions, by providing written notification to the GATC General Manager or Director of Marketing. Materials that are already in existence or production at the time I provide such written notice may continue to be used until supplies are exhausted.
- I hereby agree to abide by the rules and regulations of the GATC as they may be amended from time to time.

Check #

Bill Membership #

This agreement and the rules and regulations of the GATC, as adopted and amended from time to time, set forth the entire agreement between the

	sees and me regarding liability. I shall be deemed a waiver of th	5 1	-	2 2	
section	n 24-10-101, et seq., C.R.S.				
10. I author	orize the Releasees to contact me	via telephone call or message or	via e-mail at the phone nu	mber and e-mail address below.	
	had sufficient time and opportun				
Participant	Name	Signature of I	Participant		Date
Phone Num	ıber	E-mail Addre	ess		
PARENT'S	S OR GUARDIAN'S ADDITIO	NAL INDEMNIFICATION (N	Aust be completed for partic	ipants under the age of 18)	
In con	sideration of	(print m	inor's name) ("Minor")	being permitted by Releasees	to participate in its
activit	ies and to use its equipment and	facilities, I further agree to inde	emnify and hold harmless	Releasees from any and all clai	ms which are brought
	on behalf of Minor, and which a			by Minor. I authorize the Releas	sees to contact me via
	one call or message or via e-mail				
Parent/Gua	rdian Name(s)	Signature of l	Parent/Guardian		Date
Phone Num	iber	E-mail Addr	ress		_
		All N	Non-Members must present p	hoto id prior to entrance into the club	o. (Revised 06-11-2015
++++++	++++++++++++++++	·++++++++++++++++	+++++++++++++	++++++++++++++++	+++++++
March	10 FTC-3/17 (WINTER)	\$35.00 Member _.		\$55.00 Guest	
Participa	nt #1				
Participa	nt #2				
Address			City	State	Zip
Prione (F	1) (\	/V)	E-IVIAII Address		

Visa/MC

Exp