



RSFC USE ONLY

Instructor Name: _____
Date client called: _____
Date of 1st Lesson: _____

Date: _____

Rockville Swim and Fitness Center Private Lesson Request Form

Name of Contact Person: _____

Contact #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____

Name/Age of Client/Skill Level: _____

Brief Description of Client's Ability: _____

Days and Times Available: _____

Instructor Preference/Restrictions: _____

- Payment to the Swim Center can be made by cash, check, MasterCard or Visa; however, the payment to the instructor MUST be cash or check ONLY. (SEE RATES ON BACK)
- When you arrive at the Rockville Swim and Fitness Center please let the front desk staff know you're here for a private lesson. Please be patient and plan to arrive a few minutes before your lesson, as sometimes there is a short line at the front desk.
- You will need to sign-in to the Private Lesson Sign-In Binder EVERYTIME you attend a lesson. Please include the clients' FULL name as used in your account as well as the instructor's name, time of lesson and payment method. We review the binder regularly to ensure revenues reconcile with lessons taught.

RELEASE, WAIVER, ASSUMPTION OF RISK AND CONSENT

Participation in the program may be a hazardous activity. Participant should not participate in the program unless participant is in good physical shape and is medically able. Participant (or parent or guardian on behalf of a minor child participant) assumes all risks associated with participation in this program, including but not limited to, those generally associated with this type of program the hazards of traveling on public roads, of accidents, of illness, and of the forces of nature. In consideration of the right to participate in the program and in further consideration of the arrangement made for the participant by the Mayor and Council of Rockville through its Department of Recreation and Parks for food, travel, and recreation, the participant, his or her heirs, and executors, or a parent or guardian on behalf of a minor child participant, agrees to release and indemnify the Mayor and Council of the City of Rockville and all of its agents, officers and employees, from any and all claims for injuries or loss of any person or property which may arise of or result from participation in the program. The participant (or the parent or guardian on behalf of a minor child participant) grants permission for a doctor or emergency medical technician to administer emergency treatment of the participant and consents to the City's use of photographs taken or videotapes made of the program that include the participant. Neither the instructor nor any of the staff are responsible for participants prior to or after the scheduled program. By my participation in a City of Rockville, Department of Recreation and Parks program and/or entering this facility, I agree to follow all posted and/or published rules and staff member's instructions. Violation may result in removal from the program and/or suspension from the facility.

Signature of Participant or Parent/Guardian if Participant is under 18 years of age

Date

Please fax completed form to: 240-314-8759 or email: dbouwkamp@rockvillemd.gov