

Quincy University Lifeguard Training

Registration Form



Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Date of Birth: _____

Lifeguard Training - Spring 2020

Cost: \$235 (includes all certification fees and materials)

Payment Form: Cash or Check (please make all checks payable to Quincy University)

Class Dates: March 8,15,22,29

Registration Deadline: March 1, 2020

Prerequisites for Lifeguard Training:

Please check that you can meet the minimum requirements.

___ At least 15 years old with photo ID.

___ Can swim 300 yards continuously.

___ Starting in water, swim 20 yards using front crawl or Breaststroke, surface dive 5 feet, retrieve a 10 pound object, return to the surface, swim 20 yards back to the starting point with the object and two minute tread.

If you are unable to complete the prerequisites, 50% of your fee will be refunded. Prerequisites testing will be done on the first day of the training course.

Participation Waiver

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in Quincy University Aquatics Programs taking place at the Quincy University Health & Fitness Center facilities, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Quincy University and its respective officers, employees, and agents from liability from any and all claims including those which result in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participating in Quincy University Aquatic Programs.

Signature of Parent of Minor (if under 18) _____ Date _____

Signature of Participant _____ Date _____

Assumption of Risks: Participation in Aquatics Programs carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back sprains, strains, breaks, concussions, cuts, cardiac arrest, partial or total paralysis, drowning, and death. We strongly recommend that you consult with your personal physician before starting any strenuous activity or class.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD Quincy University HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, brought as a result of my involvement in Quincy University Aquatic Programs and to reimburse it for any such expenses incurred.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understanding its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Parent of Minor (if under 18) _____ Date _____

Signature of Participant _____ Date _____

Return Form to:

In Person/Mail: Quincy University
Attn: Kaylee Jones
1800 College Ave
Quincy, IL 62301

Additional Questions please contact:

Allison Schafer 217-577-6244

Class Schedule:

The course will be held at the Quincy University Health & Fitness Center Pool from as follows:

March 8: noon to 6pm

March 15: noon to 6pm

March 22: noon to 6pm

March 29: noon to 6pm

*renewals will be held on March 15th

All classes held at Quincy University Fitness Center pool.

