

# Breda Swimming Pool

Opening June 8, 2020, weather permitting.

**General Swim Lessons-1 PM to 3 PM Daily- open to all who can be independent in the water.**

**Lap Swimming only- 3 PM – 5PM Daily**

**Family Swim Lessons- 5 PM to 6PM Daily-Open to all & parents/guardians must participate.**

NAME \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ Receive Text Alerts: Yes No  
Circle one

### Pass Prices

\_\_\_ \$125 Family Season Pass  
\_\_\_ \$ 75 Individual Season Pass

### Swim Lessons

\_\_\_ \$75 Private lessons as scheduled

### Child's Name

\_\_\_\_\_  
\_\_\_\_\_

*List of family members included on family pass: (must be immediate family members living in the house only!)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \$ \_\_\_\_\_

I, the undersigned, have read and understand the General Rules for Pool Use. I agree that I/we will participate in swim lessons during our time at the pool from June 8 to June 17. I acknowledge a full understanding of the inherent dangers and risks associated with the use of the pool and /or any activity occurring therein. In consideration for being permitted to participate and because I assume all risks involved, I hereby agree that I am responsible for the behavior of my children and myself and any resulting personal injury, damage to or loss of my property which may occur as a result or arising out of my participation occurring therein. I, for myself and those named above and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless Breda Swimming Pool, property owner of 204 Park St., Breda IA 51436, its employees from any and all claims, demands, damages, rights of action or causes of actions, present or future, arising out of my use or occupancy of the Pool any activity occurring therein, including any injuries arising from the negligence of the Releases or otherwise, to the fullest extent permitted by law.

**I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS CONSENT AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM FOR ANY INJURY SUSTAINED.**

\_\_\_\_\_  
Printed Participant's Name (first and last)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return this form with payment to Breda City Hall, 108 N. 2<sup>nd</sup> St., PO Box 129, Breda, IA 51436