



I wish to register for THE PUEBLO COUNTY RECREATION – **PROGRESSIVE SWIM LESSONS**.

Boys

Girls

\_\_\_\_\_  
AGE (as of TODAY)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Today's Date

\_\_\_\_\_  
Name of Swimmer

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Swimmer's Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
School Attending

\_\_\_\_\_  
Signature of Swimmer or Parent / Guardian

**This Section To Be Completed By Parent/Guardian:**

By signing below, the undersigned requests and approves of the swimmer's registration and participation in the PUEBLO COUNTY RECREATION – PROGRESSIVE SWIM LESSONS ("Progressive Swim"). In consideration for the swimmer's participation in Progressive Swim, the undersigned (1) acknowledges that the swimmer's participation will be at the sole risk of the swimmer and the undersigned and (2) agrees to release, indemnify and holds District 70, the County of Pueblo, Colorado, and their members, officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against any and all claims, demands, and causes of action whatsoever, whether presently known or unknown, either in law or in equity, relating to injury, disability, death or other harm, to person or property or both, arising from my participation in and/or presence at Progressive Swim. The undersigned also agree to allow representatives from District 70, the County of Pueblo, Colorado or any of its subordinate units and/or media to take and publish photographs or videos of the swimmer during Progressive Swim. I acknowledge that I have been informed of the nature of Progressive Swim and that I am aware of the hazards and risks which may be associated with my participation in Progressive Swim, including the risks of bodily injury, death or damage to property which may occur from known or unknown causes. I understand, accept, and assume all such hazards and risks, and waive all claims against District 70, the County of Pueblo, Colorado, and other persons as set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my participation in normal or unusual acts associated with Progressive Swim. I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Release From Responsibility, Assumption of Risk, and Waiver.

COVID-19 is a highly communicable virus that can cause severe respiratory illness, sometimes leading to death. Please DO NOT enter Pueblo County facilities or participate in County programs or activities if you or your child are feeling or showing symptoms of this or any other communicable disease. Federal, state, and local governments and federal and state health agencies recommend physical distancing and have, in many locations, prohibited the congregation of people to prevent the spread of COVID-19. Contracting COVID-19 can lead to severe illness, permanent disability, and death. Use of County facilities or participation in County programs or activities may increase the risk of you or your child contracting COVID-19. The County in no way warrants or agrees that you or your child will not be exposed to COVID-19, nor that infection will not occur through access to County facilities or participation in County programs or activities. By signing this agreement, you acknowledge the contagious nature of COVID-19 and voluntarily assume the risks to you and your child of exposure to or infection by COVID-19, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. You understand that the risk of becoming exposed to or infected by COVID-19 at County facilities, programs, and activities may result from the actions, omissions, or negligence of yourself and others, including but not limited to the Released Parties, volunteers, and program participants and their families, whether a COVID-19 infection occurs before, during, or after participation in any County facilities, programs, or activities.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Initials of Pueblo County Rep

\_\_\_\_\_  
Date

PAID \$:

Cash

Check# \_\_\_\_\_

Money Order