

### WINDING TRAILS, INC. SWIM LESSON REGISTRATION & HOLD HARMLESS AGREEMENT

I recognize that there are risks of injury involved in members of my family participating in recreational activities conducted by Winding Trails, Inc. Therefore, in consideration of Winding Trails, Inc. conducting recreational activities and enrolling members of my family in such activities or permitting members of my family to participate in such activities, I do hereby, on behalf of myself and all members of my immediate family, release Winding Trails, Inc. and its employees and agents from all liability with respect to an injury received by me or any member of my family arising from such activities, unless such loss, damage, or injury results from the reckless, willful, or wanton misconduct of Winding Trails, Inc., its employees or agents.

Parent/Guardian Name		Parent/Guardian Signature		
Address:		Town:	State:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:	Email:	
Participant Name:		Grade:	Date of Birth:	<input type="checkbox"/> Female <input type="checkbox"/> Male
1 <sup>st</sup> Choice:	Session:	Level:	Time:	Fee: \$ _____
2 <sup>nd</sup> Choice:	Session:	Level:	Time:	Fee: \$ _____
List any Medical Conditions and/or medication:				
Comments / Additional Information:				
<b>The Trails Fund:</b> If you wish to donate please specify where you would like your monies to go to by checking the appropriate box. <input type="checkbox"/> Campership <input type="checkbox"/> Education <input type="checkbox"/> Environmental <input type="checkbox"/> Unrestricted				\$ _____
<b>Total Due:</b>				\$ _____
<b>Payment Method:</b> <input type="checkbox"/> Check/Money Order <input type="checkbox"/> Cash  <input type="checkbox"/> MasterCard/Visa/Discover/Amex    Minimum Charge is \$25.00 Card #: _____    EXP Date: _____				
Name as it appears on Credit Card: _____    Signature(required): _____				
Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon to perform the obligations set forth in the Cardholder's agreement with the Issuer.				

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