SWIM LESSONS AGREEMENT

PARTICIPANT INFORMATION:

Name (first/last)	*Age*	*Gender*	*Member Number*

Parents Name _____ *Email Address* _____

Daytime Phone _____ *Alternative Phone* _____

PROGRAM DETAILS:

Swim Package	***Group Lessons***	***Semi-Private Lessons***	***Private Lessons***	***Swim Play***
☐ $78.75/month 1x/week: 1 hour Group Swim Lessons and Swim Play combined	☐ $60/month (1x/week)	☐$100/month (1x/week)	☐ $200/month (1x/week)	☐ $25/month (1x/week)
	☐ $105/month (2x/week)	☐$175/month (2x/week)	☐ $350/month (2x/week)	

SWIMMER'S NAME	***CLASS LEVEL***	***START DATE & TIME***	***BUCK$***	***TOTAL MONTHLY INVESTMENT***
				25% OFF
				25% OFF
			MONTHLY TOTAL	***$***

Goals: Please check one or multiple goals you have for yourself and/or your child

- o Watersafe (able to jump in, float and get to side safely)
- o Join Swim Team/Masters Swim
- o Pass the 25:10 test (able to swim across the pool without stopping)
- o Just for fun or learn a new hobby
- o Knowledge of all four competitive strokes
- o Swimming as form of exercise
- o Train for an event. List event and date: _____
- o Other _____

Office Use Only:

Date received _____

Cancellation Policy Reviewed _____

In BOSS _____

BUCK$ Tracked _____

EFT set up _____

Email Confirmation _____

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Cancellation Within 3 Days or Before First Service.

I may obtain a refund of any amount I have paid under this Agreement if I cancel it within three (3) business days of my registration date or before the first lesson, whichever is later.

Cancellation After First Lesson.

- Once the first lesson (after the 3-day right to cancel) has occurred, I may cancel this Agreement at any time with 30 days' notice, but all payments I have made to or that have been processed by Life Time prior to its receipt of my written cancellation notice are nonrefundable.
- To cancel this Agreement, I will hand deliver the Cancellation form to the Aquatics Department Head or the Front Desk at least 30 days prior to my desired final lesson.
- I agree that I must pay for all lessons scheduled within the 30 days after Life Time's receipt of my Cancellation Request form, including by a supplemental point-of-sale payment for those lessons (at a rate of ¼ of my Monthly Lesson Fee/lesson) that occur after the first of the month in which Life Time has stopped my recurring Lesson Fee.
- I understand that if I miss a lesson, I will not receive a refund for my missed lesson. If Life Time Cancels lessons for any reason, Life Time, will schedule a suitable make-up lesson.

Initial Here for Agreement to the Cancellation Policy: _____

WAIVER:

General Terms Agreement and Member Usage Agreement

I acknowledge and agree that the terms of my General Terms Agreement and the Member Usage Agreement signed by me and any members on my membership continue to apply, including but not limited to the Assumption of Risk, Waiver of Liability and Defense and Indemnification provisions.

Notice of Registration Posting

I grant Life Time Fitness, Inc., its subsidiaries, agents and representatives ("Life Time") permission to post the full names of the Participants on a class assignment list posted either in the center or on the Life Time center's web pages.

Release of Image and Likeness

I hereby irrevocably consent to and grant Life Time the exclusive and unlimited right to use and reproduce any and all photographs, audio recordings, video recordings or testimonial accounts taken by Life Time that contain my person, name, image, voice, likeness or account, for any lawful purpose whatsoever and using any means available including, but not limited to, any Life Time corporate or marketing communication or materials. I waive the right to inspect, approve or edit any such use or reproduction, and Life Time may make any and all changes, modifications, rearrangements, additions or deletions in its use or reproductions without any approval.

Other Policies (subject to change)

1. Class fees are nonrefundable, except in the following circumstances:
   a. For medical disabilities, a prorated refund or credit will be given when participant provides a doctor's note stating they cannot participate in the program.
   b. If a class is cancelled, every effort will be made to find a suitable class for the participant who has registered for the cancelled class. If a suitable class cannot be found, the participant will be provided a full refund. If a refund is granted, the refund will be issued in the form of a credit on the membership account.
2. One make-up class is available each month with a 24-hour notice. Additional make-ups are available with a doctor's notice.
3. We will follow the Child Center's policy to exclude sick children.

Initial Here for Agreement to the Waiver: _____

Swim Program Fee:

I agree to pay the Monthly Lesson Fee of $ _____ on a recurring basis beginning the month of _____.

I authorize LTF, without further notice, to withdraw the monthly Swim Program Fee from the financial account designated for payment of my monthly Membership Dues ("EFT") between the first and fifth of each month. I am an account holder and I have actual authority to use the credit card or bank account with which my Swim Program Fee payments will be made. In order to cancel or withdraw authorization for the recurring Monthly Swim Program Fee payment, I agree to follow the Cancellation Policy and understand that I must give 30 days' notice of cancellation before my EFT will be cancelled.

I have read this Agreement thoroughly, understand all of its terms, received a copy if I request it, and have knowingly and voluntarily signed it. IF PARTICIPANT IS UNDER 18 YEARS OF AGE: I, the undersigned parent or legal guardian of the participant hereby execute the foregoing for and on behalf of the participant.

_____

Parent/Participant Signature *Date*

Today's Payment for Swim Program: $ _____

I agree to pay today the amount of $_____, which is payment for any lessons that occur before Life Time Fitness, Inc., or its subsidiaries or agents ("LTF"), withdraws my first recurring swim lesson fee ("Monthly Swim Program Fee") at a rate of one-fourth (1/4) of the Monthly Swim Program Fee per Lesson. If the amount above is to be collected by ClubTab, I certify that I am authorized to utilize the Club Tab payment method as part of my ("LTF") membership.

$ _____ ☐ *Credit Card* ☐ *ClubTab* ☐ *Check* ☐ *EFT*

_____

Cardholder's Signature