

Participant Name: Last

First

Session #

Address City 1 2 3 4 5 6 Telephone # e-mail

Please circle one: Level 1 2 3 4 5 6 toddler/preschool

**I understand there is risk of injury or death in participating in swimming activities including diving.

**I do hereby waive and release any claims for damages or injury that may incur as a direct result in my participation, against St. Cloud State University, MNSCU, or the state of Minnesota.

Signed _____
(participant's signature or parent or guardian's if participant is under 18 years of age)

(Cut and send only registration form with check payment)



Campus Recreation
102 Halenbeck Hall
C/O Swimming Lessons
720 4th Ave S.
St. Cloud, MN 56301



Swimming Lessons

www.stcloudstate.edu/campusrec
(320) 308-3325