



ConocoPhillips Splash Club

B 66 Adams Building

Bartlesville, OK 74004

918.661.0349

splashclub@conocophillips.com

www.conocophillipssplashclub.org

Welcome to the ConocoPhillips Splash Club Masters Swim Team. We are excited that you have expressed an interest in our program and would like to tell you a few things about the club. The team will be conducted under the umbrella of the Splash Club. Bob Staab is the Head Coach and can be reached at 918-661-0349 or bob.j.staab@conocophillips.com.

1. What does it cost to be a member of the team?

Masters team training group: \$35 a month

- A 10% discount will occur for a family that has two or more members on the masters team (applied to the 2nd swimmer). A 10% discount per swimmer will be given for team members who have children participating on the Splash Club.

2. What if I do not work for ConocoPhillips or am not eligible to have a ConocoPhillips Wellness Fitness Services Membership?

If you are not eligible for a Wellness Fitness Services membership there is an additional \$ 15.50 monthly non-member fee (per family) that is due to the Splash Club. This will be part of your monthly bill. You will have access to the pool on during Masters Team workouts; this does include use of the locker room.

3. How to pay your Monthly Training Fees:

You will receive a statement via email and options to pay on-line at our website.

4. Use of swimmer family information.

The Splash Club from time-to time will make available to its members, team rosters which contain swimmer and family information such as names, address, phone numbers, birthdates, etc. If you do not wish for this information to be provided to all members of the team, please let us know. We will not provide this information to anyone outside of the Splash Club.

At other times the Splash Club may make take pictures at meets for use by the team on brochures, recruiting information, banquet programs, etc. If you wish that not be a part of this, please write us a note and return it with your registration form.

Date: _____

Masters Team Registration Information

Name: Last: _____ First: _____ Middle: _____

Birth date: Month _____ Day: _____ Year: _____

Sex: _____

Email: _____ cell: _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Place of Employment: _____

O Ph: _____ Mail: _____

_____ Please do not share this information with other members of the team

Emergency Information:

Known Allergies: _____

Medication: _____

Medical Condition Affected By Exercise (I.E. Diabetes, Asthma): _____

Medical History: _____

Choice Of Hospital: _____

Choice Of Doctor And Phone Number: _____

Name And Phone Number Of Emergency Contact: _____

Areas of interest you may have in helping the either the Splash Club or Masters Team?

Computers _____ Timing at swim meets _____

Concessions _____ Fundraising _____

Other _____



**WELLNESS & FITNESS FACILITY
RELEASE, WAIVER OF LIABILITY, AND INDEMNIFICATION AGREEMENT**

In consideration for ConocoPhillips Company allowing my and/or my minor's use of the ConocoPhillips Wellness & Fitness Facility, its exercise programs, activities, and other services (collectively "Facility"), I, the undersigned, fully understand and agree to assume the sole risk of such use. Accordingly, I, on behalf of myself, spouse, heirs, estate, and assigns, expressly agree to release and hold harmless ConocoPhillips Company, and any of its present, former, or future subsidiaries, divisions, and affiliates, and its and their respective directors, officers, employees, contractors, agents, heirs, legal successors and assigns (collectively "Released Parties") from and against any and all claims, suits, demands, losses, damages, expenses, or liability arising under any cause, or claimed under any theory of law, that may arise from any property damage or loss, injury, illness, or death, including that which may result to me and/or my minor, during or arising in any way from my and/or my minor's use of the Facility, including but not limited to, any such claims arising from the negligence (whether active or passive, sole or concurrent) of any of the Released Parties.

I understand and agree that it is my responsibility to assess the hazards presented by use of the Facility, and further agree that I am the ultimate judge as to whether I and/or my minor can use the Facility without risk or injury to ourselves.

If a medical clearance must be obtained prior to my and/or my minor's use of the Facility, I agree to consult a physician and obtain written permission prior to use of the Facility.

I agree that I am responsible for monitoring my and my minor's condition during use of the Facility, and if any symptoms occur, my minor or I will cease such use and seek assistance immediately.

I understand that use of the Facility is voluntary and is not a requirement of ConocoPhillips Company.

By signing this Release and Waiver of Liability, I affirm that I have read this form in its entirety, that I understand its content, and that I am signing it voluntarily. I also affirm that my questions regarding the Facility have been answered to my satisfaction.

Printed Full Name of Participant over age 18 (First, Middle, Last)

Signature of Participant over age 18

Date

Participant Classification

- Employee
- Employee Spouse
- Dependent Over age 18
- Minor Dependent
- Retired Employee
- Retiree Dependent
- Guest
- COP Visiting Employee
- Other: _____

Indemnification for Minor Participants: The undersigned parent or guardian further agrees to indemnify, save and hold harmless the Released Parties from and against any and all claims, suits, demands, losses, damages, expenses, or liability arising under any cause, or claimed under any theory of law, that may arise from any property damage or loss, injury, illness, or death, that may brought, alleged, or incurred by or on behalf of the minor and during or arising in any way from the minor's use of the Facility, including but not limited to, any such claims arising from the negligence (whether active or passive, sole or concurrent) of any of the Released Parties.

Printed Full Name of Minor Participant (First, Middle, Last)

Signature of Parent or Guardian (required if Participant is under age 18)

Date

Bartlesville Safety Compliance

Wellness-Fitness Services Safety/Emergency Procedures

Safety is a high priority at ConocoPhillips, and the Wellness-Fitness Services group encourages everyone to practice good safety habits at all times while using the facilities and equipment. It also is recommended that all participants consult with their physician before starting an exercise program.

The Wellness-Fitness Services staff is trained in first aid, CPR, AED (automatic external defibrillator) and oxygen use. AED equipment is available for use by any trained person.

The downtown ConocoPhillips emergency phone number is 1-6789.

Be prepared to provide your name, nature and exact location of the emergency, number of victims and their condition.

If you are outside the ConocoPhillips complex and need to report an emergency, call 911.

Medical Emergencies

If you experience any pain, discomfort or tightness in the chest, neck, back jaw or arms, nausea, shortness of breath, dizziness or light headedness and unusual fatigue during activity, stop exercising and notify the Wellness-Fitness Services staff immediately.

In the event of any emergency within the ConocoPhillips downtown Wellness-Fitness Services facility, contact the nearest Wellness-Fitness Services staff or security guard.

Fire: Activate the fire alarms located throughout the facility. Call 1-6789. Alert others in the area. Do not use elevators. Do not attempt to fight the fire. Follow the facility evacuation process posted in the facility.

Severe weather: Follow the facility evacuation process to a safe location – preferably the basement level. Stay away from windows and heavy equipment. Evacuation and safe areas are posted in the facility.

General Facility Safety

Walk, don't run; use closed containers for transporting beverages, no glass containers, report any spills to the staff; respect others, no horseplay, foul language and/or gestures.

Locker Rooms: keep locker doors closed when not in use, use caution in tile areas – wet floors may be slippery, and read operating instructions before using the swimsuit spinners.

Aquatic Center: children age 6 and under must be accompanied by an adult in the water, do not enter the water unless there is a certified lifeguard on deck, use caution on tile deck – may be slick at times, notify lifeguards if assistance is needed entering or exiting the pool, and follow all pool rules posted in the aquatic area.

Gymnasium: use good sportsmanship at all times, play safe, do not hang on basketball rims or hang over railings, keep personal items off gym floor to avoid tripping and slipping and do not pull or hang on court dividers.

I have read the Bartlesville Safety Compliance.

Name: _____

Date: _____

Print Name: _____