



Lakeside Aquatic Club

Flower Mound • Lewisville • Keller • The Colony

www.swimlac.org

Lakeside Aquatic Independent Swim Reimbursement of Gym/Facility Membership for Independent Swimming

Description: Lakeside Aquatic club is offering a one-time reimbursement for active LAC competitive team swimmers (Bronze or higher) up to \$35 to be used toward a membership to swim at a private club/facility independently. This opportunity is available to the first 250 applicants.

To qualify for reimbursement, you hereby agree to:

1. Join a private club or facility with a swimming pool prior to July 1, 2020.
2. Provide a swim log demonstrating completion of the LAC voluntary written swim workouts.
3. Reimbursement will be provided only with an official receipt or statement from the gym or facility.

NOTES:

- High school camps or summer league swim programs will not be eligible for reimbursement.
- The board and coaching staff may extend it at their discretion.

LAC Waiver and Release:

I (_____) recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my child(ren) may sustain as a result of their participation. I further understand that my child is not covered under USA Swimming's insurance program. I agree to waive and relinquish all claims I may have as a result of my child(ren) participating in this program/activity against the Lakeside Aquatic Club, including its Board of Directors, coaches, volunteers, and employees. I do hereby fully release and forever discharge Lakeside Aquatic Club (LAC) from any and all claims for injuries, damages, or loss that I or my child(ren) may have or which may accrue to me or my child, connected with, or in any way associated with this program/activity.

By signing below, I agree I have read, fully understand, and agree to the above information, warning of risk, assumption of risk, and waive and release of all claims.

Athlete's Full Name: _____

(If more than one child, please include each minor child's legal name)

Parent/Guardian's Full Name (Please Print) _____

Parent/Guardian's Signature: _____ Date: _____

Please sign and return electronic copy with attached proof of purchase of gym/facility membership for a child to swim to teamadmin@swimlac.org