

# We're Going Swimming in the Winter!

Elementary and Junior High Social Event  
Friday, February 2, 2018



**LIFETIME**  
**FITNESS**

5300 Old Orchard Road  
Skokie, Illinois



We will take a bus from Cove and swim from 4:00 to 5:00 p.m.  
Pizza will be served at 5:30 p.m.  
We will be back at Cove by 6:30 p.m. for pick-up.

Lifetime Fitness offers an indoor pool with a shallow and deep end.  
Adult supervision will be in the pool.

**Children must be able to swim 25 meters unassisted to swim in the deeper pool.**

**Cost \$25.00 per child**

Permission slip & payment due to Cove's front office by **Monday, January 29th.**

Students should pack a swimsuit and towel.  
Parent Chaperones Needed!

To volunteer or for more information, please call or email Stephanie Sanderman at (847)562-2100  
or [ssanderman@coveschool.org](mailto:ssanderman@coveschool.org).

S W I M M I N G • I N D O O R F U N • G A M E S I N G Y M • P I Z Z A

<i>Date</i>	<b>Friday, February 2, 2018</b>	<i>Time</i>	<b>3:00 p.m. - 6:30 p.m.</b>
<i>Location</i>	<b>Lifetime Fitness Center 5300 Old Orchard Road Skokie, IL 60077</b>		
<i>Cost</i>	<b>\$25.00</b>		
<i>Pick Up</i>	<b>at Cove at 6:30 p.m. Please check one below.</b>		

**PLEASE RETURN PERMISSION SLIP BY: MONDAY, JAN. 29, 2018.**

**Students's Name:**

**Check here if you need to order gluten free pizza for your child.**

Yes, I will be attending the elementary/junior high social event as a chaperone.

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Yes, my child will be taking the bus back to Cove and I will pick her/him up at Cove at 6:30 p.m.

I will pick my child up from Lifetime Fitness by 6:00 p.m. and they will NOT be taking the bus back. Please don't be late, as we need to get the other students on the bus by 6:00 p.m.

In case of an emergency, I give permission for my child to receive medical treatment. In case of an emergency, please contact:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number                      Cell Number                      E-Mail

Parent/Guardian Signature:  
\_\_\_\_\_

# WAIVER

I understand and agree that neither The Cove School, The Cove School Parent Association, The Cove School Board, nor any of their respective employees, officers, agents, contractors or assigns, (hereinafter referred to as "Released Parties") may not be held liable or responsible in any way for any injury, death, or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in this event or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to participate in this event, I hereby personally assume all risks of this event whether foreseen or unforeseen, that may befall me while I am a participant in this event.

I further release, exempt and hold harmless said Released Parties from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my enrollment and participation in this event.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian.

I understand the terms herein are contractual and not a mere recital and that I have signed this document of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

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X	X	X
Student Signature	Guardian Signature if student is under 18	Date



Participant First Name

Participant Last Name

Address

Telephone Number

Email Address

Emergency Contact

Contact Telephone Number

I, the undersigned ("Participant"), in consideration for Life Time Fitness, Inc. ("LTF") allowing my participation in a Life Time Fitness group event or birthday party (the "Programs"), agree to the following:

### WAIVER OF LIABILITY

Participant understands that although the facilities, equipment and services of LTF and the Programs are designed to provide a safe level of beneficial exercise and enjoyment, there is an inherent risk that use of such facilities, equipment, services and participation in the Programs may result in injury. Therefore, Participant agrees to specifically assume all risk of injury for Participant while Participant is using any of LTF's facilities, equipment, services or participating in the Programs and hereby waives any and all claims or actions that may arise against LTF or its owners, employees, contractors, volunteers as a result of such injury. These risks include, but are not limited to: (1) Injuries arising from Participant's use of any equipment in connection with the Programs, whether occurring inside or outside of LTF, (2) Injuries arising from Participant's transportation to and from a site that is a part of the Programs, (3) Injuries or medical disorders arising from Participant's participation in the Programs, whether occurring within or outside of LTF, and (4) Actions taken or decisions made by LTF, its staff members, volunteers or chaperones regarding medical or survival procedures for Participant.

### ASSUMPTION OF RISK

Participation in the Programs naturally may involve the risk of injury, whether Participant or someone else causes it. As such, the undersigned agrees that he or she understands and voluntarily accepts this risk on behalf of Participant and agrees that LTF will not be liable for any injury, including and without limitation, personal, bodily or mental injury, economic loss or any damage to Participant resulting from the negligence or other acts of LTF or anyone else using the facilities or participating in Programs. If there is any claim by anyone based on any injury, loss, or damage described herein, which involves Participant, the undersigned agrees to (i) defend LTF against such claims and pay LTF for all expenses relating to the claims, and (ii) indemnify LTF for all obligations resulting from such claims.

I have read the Waiver of Liability and Assumption of Risk thoroughly and understand the terms. My participation in the Programs and my execution of the Waiver of Liability and Assumption of Risk are both purely voluntary and I elect to do so in spite of the risks.

Signature of Participant

Date

IF PARTICIPANT IS UNDER 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST COMPLETE THE FOLLOWING:

I, the undersigned parent or legal guardian of the Participant, hereby execute the foregoing Waiver of Liability and Assumption of Risk for and on behalf of Participant and agree to bind myself, Participant and any heirs, next of kin, assigns or personal representatives to the terms of the Waiver of Liability and Assumption of Risk. I represent that I have full legal authority to act for and on behalf of Participant, and I agree to indemnify and hold harmless LTF for any expenses, claims or liabilities that may arise as a result of any insufficiency of my full legal authority to execute the foregoing Waiver of Liability and Assumption of Risk.

Signature of Parent or Legal Guardian

Print Name of Parent or Legal Guardian

Date