



On April 28th, 2018 at Riverside Community College  
at the Cutter Pool located at 4800 Magnolia  
Avenue, Riverside CA. 10:00 am

VSOFF 2018 Drown-Proof/Swim Clinic



You will be able to learn drown proof and water  
safety techniques to both young and adults to  
enjoy a festive day; with Vendors, Free Prizes, and  
much, much more... Fun for everyone

Call for info:  
951.486.1078 / 562.400.0959  
Or Email: [vsfoundation@outlook.com](mailto:vsfoundation@outlook.com)  
[www.vivianstancilfoundation.org](http://www.vivianstancilfoundation.org)

Entry Form

Vivian Stancil Olympian Foundation, Inc.  
P.O. Box 5536  
Riverside, CA 92517

**2018**  
**Drown Proofing/SWIM Clinic Application**

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**PRINT: Participant's Name**

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MAILING ADDRESS

APT/SUITE

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CITY

STATE

ZIP

E-MAIL

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DAY PHONE

CELL PHONE

DATE OF BIRTH (MM/DD/YYYY)

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EMERGENCY CONTACT

TELEPHONE

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**Print: Parent/Guardian Name**

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**Parent/Guardian Signature**

DATE: \_\_\_\_\_

DONATION for EVENT:

CHECK

MONEY ORDER

CASH

**RIVERSIDE COMMUNITY COLLEGE DISTRICT  
WAIVER FOR MINOR CHILD  
RELEASE AND WAIVER OF LIABILITY ASSUMPTION OF RISK AND INDEMNITY  
("AGREEMENT")**

IN CONSIDERATION of being permitted to participate in swimming/diving or other water sports activities (Activity) at the RIVERSIDE CITY COLLEGE AQUATIC COMPLEX for my minor child/ward, or his/her personal representatives, assigns, heirs and next of kin, on April 28, 2018 (date of event): **DROWN PROOF CLINIC**

1. **I ACKNOWLEDGE**, agree, and represent that I understand the nature of the Activity and that my minor child/ward is qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time, I believe conditions to be unsafe, I will immediately discontinue my minor child/ward's further participation of the activity.
2. **I FULLY UNDERSTAND that (A) the Activity INVOLVES RISK AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, OR DEATH (RISK); (B) these RISKS and dangers may be caused by my minor child/ward's own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity or the NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES my minor child/ward may incur as a result of participation in the Activity by my minor child/ward.**
3. **I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE THE RIVERSIDE COMMUNITY COLLEGE DISTRICT, OR ANY OF ITS COLLEGES, its Trustees, officers, employees, agents, or volunteers, and if applicable, owners and lessors of premises on which the activity takes place FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY MINOR CHILD/WARD'S ACCOUNT CAUSED BY OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES." I FURTHER AGREE, THAT IF, DESPITE THIS RELEASE, AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, I, or anyone on behalf of my minor child/ward make a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLISS EACH OF THE RELEASEES from any litigation expenses, arbitration expenses, medical expenses, attorney fees, loss, liability, damage or cost which may be incurred as a result of such claim.**

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS, ON BEHALF OF MY MINOR CHILD/ WARD, BY SIGNING IT HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

\_\_\_\_\_  
Printed name of minor child participant

\_\_\_\_\_  
Printed name of parent or guardian of minor child

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date