

Lap Swim Fee Structure

Planet Swim School program offers a monthly payment only. We advise you to add your credit card information to be charged on the 28th of each month to prevent a late fee payment. The monthly plan will be billed to you through Planet Swim LLC from billing@planetswim.org (make sure to have this e-mail registered on your e-mail account so it does not go to your spam e-mail or trash folder.) Monthly payments are due by the 28th of each month. If payments do not reach us by the 3rd, a \$20.00 late fee is automatically charged to your account.

Lap Swim Schedule & Monthly Cost

Individual Membership.....	\$65
Family Membership (up to 5 members).....	\$95
Daily Fee.....	\$10

Lap Swimming Schedule:

Monday - Friday.....	9:30 am to 3:00 pm
Saturday.....	9:30 am to 4:00 pm

Planet Swim LLC will not utilize your credit card information unauthorized.

Name as shown on Credit Card: _____ Card Type _____

Credit Card Number: _____ Expiration Date: _____ CVC: _____

Signed: _____ Date: _____

I have read, initialed and received a copy of the above rules. I realize my signature indicates understanding of Planet Swim Aquatics/Planet Swim LLC policies and is given as part of the consideration for services charged at Planet Swim aquatic facility.

Swimmer's Signature

Date

For questions or additional assistance please call:

Planet Swim LLC
Phone: (904) 285-7545
300 Davis Park Road
Ponte Vedra, FL 32081
info@planetswim.org
www.planetswimschool.com

Planet Swim LLC
300 Davis Park Road
Ponte Vedra, FL 32081

WAIVER/RELEASE OF LIABILITY

*PLEASE READ CAREFULLY BEFORE SIGNING.
THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.*

I, _____, the enrolled participant and/or the parent/guardian of the participant agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death. I understand there is no lifeguard on duty during the open swim hours and therefore I will be swimming on my own risk.

The participant hereby agrees to participate in the Planet Swim School program and hereby agrees to indemnify and hold harmless Planet Swim LLC, its instructors, coaches, volunteers, officers, directors, agents, independent contractors and employees against any liability resulting from any injury that may occur to the participant while participating in open swim program. The participant also agrees to indemnify Planet Swim LLC for any damages incurred arising from any claims, demand, action or cause of action by the participant.

The participant authorizes any representative of Planet Swim LLC to have the participant treated in any medical emergency during their participation at Planet Swim. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

I have noted on the back of this form any medical/health problems of which the staff should be aware.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Swimmer or Parent/ Guardian's Signature

Date

CONSENT TO USE IMAGE

*PLEASE READ CAREFULLY BEFORE SIGNING.
THIS IS A WAIVER OF CERTAIN LEGAL RIGHTS.*

I (parent/legal guardian's first and last name) _____ authorize Planet Swim LLC to use photographs and Audio/Video recordings of myself or a family member, _____, taken during the aquatic activities and events related to Planet Swim LLC.

By signing this document, I consent to Planet Swim LLC the use of these images, audio, and video in print/online communications and marketing materials.

I HAVE CAREFULLY READ THE ABOVE CONSENT TO USE IMAGE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Swimmer or Parent/ Guardian's Signature

Date

COVID-19 Policy & Checklist

- To protect our staff and our customers, we kindly ask that you answer the following questions prior coming to your lessons:
 1. Have you or other member of your household travel to any high-risk areas in the past 14 days?
 2. Have you or other member of your household had contact with a suspected or confirmed case of someone having COVID-19 in the past 14 days?
 3. Have you or anyone in your family currently have flu-like symptoms or other symptoms that could indicate COVID-19?

IF YOU ANSWERED “YES” TO ANY OF THE ABOVE QUESTIONS, PLEASE DO NOT COME TO THE POOL AND CONTACT OUR OFFICE IMMEDIATELY!

COVID-19 Waiver

PLEASE READ CAREFULLY BEFORE SIGNING.

I, _____, the enrolled participant and/or the parent/guardian of the participant agree and understand that swim lessons can be a close contact activity where social distancing may not always be possible due to safety reasons. I recognize that there will be times where 6 ft. apart distance between my child and their swim instructor; or my child and other participants in their class, will not be possible. I fully understand and recognize that participating in swimming programs may increase the risk of being exposed to COVID-19.

The participant hereby agrees to participate in the Planet Swim School programs and hereby agrees to indemnify and hold harmless Planet Swim LLC, its instructors, coaches, volunteers, officers, directors, agents, independent contractors and employees against any liability resulting from any injury or illness that may occur to the participant while participating in swim lessons program. The participant also agrees to indemnify Planet Swim LLC for any damages incurred arising from any claims, demand, action or cause of action by the participant.

For questions or additional assistance please call:

Phone: (904) 285-7545
300 Davis Park Road
Ponte Vedra, FL 32081
info@planetswim.org
www.planetswim.org

I HAVE CAREFULLY READ THE ABOVE POLICIES AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Swimmer or Parent/ Guardian's Signature

Date