2025 Drenched in the Dark

Participation Form

In order to participate this evening, your child(ren) must be able to swim on their own to attend.

Child's Name_____Age _____

Child's Name_____Age _____

Child's Name_____Age _____

Child's Name_____Age _____

Parent/Guardian _____

Cell Phone_____

Emergency Name & Phone _____

Emergency Name & Phone _____

Allergies, if any:_____

Circle date(s) child(ren) will be attending

Fridays June 13 July 11 August 15

Event begins at 5:30 until 10:00p $20/child, each evening
Pizza Dinner | Hawaiian Punch | Swimming + Games in the Heated Pool
Movie on the outdoor big screen after swimming
Bring warm, dry clothing and sleeping bag/pillow for movie time

I acknowledge that participation in the Drenched in the Dark activity necessarily involves physical activity and, as such, the possibility of injury or death. I assume all risks and hazards incidental to the conduct of the swim program's activities. Furthermore, by accepting these risks, I, on behalf of myself and my minor child, hereby release, discharge, and hold harmless the Spring Lake Country Club, its officers, directors, members, employees, volunteers, agents, and any other representatives (collectively "SLCC") from any claims arising out of, or related to, any physical injury that may result due to my child's participation. I agree to indemnify, defend, save and hold harmless SLCC from and against any claims, liability, demand, obligation, cause of action, cost or expense, including without limitation reasonable attorneys' fees, made by my minor child, their representative, or their estate against SLCC.

_____ _____

Parent/Guardian Signature Date Member #