UNIVERSITY HEALTH CLUB

Faster Freestyle Swim Clinic in Oklahoma City, OK

With Masters World Record Holder Karlyn Pipes-Neilsen

Tuesday, Dec. 13th from 6:00-9:00 PM at the University Health Club, OKC

Are you tired of working so hard to swim so SLOW? Wouldn’t you rather...

- Swim faster with less effort?
- Relax, find your balance and not sink?
- Effectively breathe in any condition?
- Become more comfortable in the water?

Then this clinic is for you! Using easy to understand drills and techniques, Karlyn will teach you how to become a faster, more efficient swimmer in just one clinic.

Location: University Health Club, 1000 North Lincoln Blvd., Oklahoma City, OK 73104

About Karlyn: Lives in Kona, Hawaii and is known world-wide for being an accomplished swimmer having set over 208 masters world records to date. However, she is equally as talented as an instructor and uses her high energy to deliver a fun and fast paced clinic. Watch a FREE YouTube video of Karlyn demonstrating the "high elbow catch" http://www.aquaticedge.org

Cost $130 for club members, $140 for non-club members. Hurry, space is limited! Register online at www.ouhsc.edu/uhc. To register by mail, send this form and check to OUHSC University Health Club 1000 North Lincoln Blvd., OKC, OK 73104. Youths attending the clinic must be 10 or older and have permission from their coach.

Questions: e-mail aquaticedge@hawaii.rr.com or kelley-spelman@ouhsc.edu

Faster Freestyle Clinic - Tuesday, Dec. 13th from 6:00-9:00 PM in Oklahoma City

First Name: ___________________________ Last ___________________________
Address________________________________ City_______________________ State______ Zip________________
Phone: (___)_________________________ Email ___________________________________________________

Emergency contact info: ________________________________________________________________

Age: _______ Level of swimming: □ beginner □ intermediate □ masters □ multi-sport

Please identify one goal for the clinic:_____________________________________________________

Cost: □ $130 member □ $140 non-member
Amount enclosed:__________
Faster Freestyle Swim Clinic RELEASE
PLEASE TYPE OR PRINT CLEARLY

Participant Name: _________________________________________________________

Home Address: _____________________________________________________________

Street ___________________________ City ___________________________ Zip Code

Participant Age: _______ Birthdate: ___________________________ Male: ______ Female: ______

LIABILITY WAIVER AND RELEASE/ASSUMPTION OF RISK. I hereby affirm that I am in proper physical condition to participate in any and all 2011 Faster Freestyle Swim Clinic events. In consideration of my participation in the Swim Clinic, I hereby agree to fully assume any and all risk of personal injury and property damage that may arise from my participation and attendance at any Swim Clinic. I further agree to waive any and all claims for myself and my heirs for personal injury and property damage, of any kind or character whatsoever, against the Board of Regents of the University of Oklahoma, its employees, officers, directors and all sponsors and their agents, servants and employees, as well as all other event location owners and organizations, all participating companies and organizations and volunteers, hereinafter, collectively referred to as the (“Releasees”), and hereby release the Releasees from all liability for any such claims of injury or illness which may directly or indirectly arise from, or occur as a result of my participating in the Swim Clinic events.

INDEMNITY. In further consideration of acceptance of this entry to participate in and attend the Swim Clinic, I hereby agree to indemnify and hold harmless the Releasees from and against any and all claims of third parties, including but not limited to fellow employees and members of the public, for personal injury and/or property damage which may result from or be caused by the undersigned’s intentional, deliberate or negligent conduct while engaging in and/or attending the Swim Clinic. This indemnity shall survive my participation in and attendance at the Swim Clinic events.

PERMISSION TO USE NAME AND PHOTO. I understand that while participating in the Swim Clinic I may be photographed by the Releasees or their agents. I hereby grant my permission to the Releasees the exclusive and free right to tape, broadcast, telecast, video, sell, photograph, record, or use in any other electronic or mechanical reproduction in connection with the Swim Clinic, my name or my likeness alone or with other persons, together with alterations or edited versions of the foregoing.

CANCELLATION AND START TIME. I understand that the Swim Clinic may be canceled in the sole judgment and discretion, including if unsafe conditions exist for any reason, but not limited to rain, snow, sleet, hail, lightening, tornado conditions, heat, civil disturbances, strikes or any other circumstances found to cause unsafe conditions by sponsors.

I further agree that the starting time of the event may be changed at the sole discretion of the Releasees. By signing this form, I acknowledge that I have read this Swim Clinic Release Form in its entirety, fully understand if I am signing as the parent or legal guarding of a minor participant. I accept these terms and agree to this release on behalf of and in the interest of the minor, and agree with its contents, and fully accept all of its terms, conditions, and provisions.

Participant Signature: ____________________________________________ Date ______

Parent or Legal Guardian Signature: ____________________________ Date ______
(if participant is a minor)