

Learn To Swim Program

Pitt's Kids Swimming Levels:

Pre-level (Adapting to Aquatic Environment): Begin exploring aquatic environment. Focus on water safety, floating, blowing bubbles.

Level I (Water Exploration): For beginning swimmer with little or no experience who is comfortable holding onto the wall and using flotation devices independently.

Level II (Primary Skills): Able to submerge underwater and feel comfortable in the pool environment. Learning to swim and float short distances independently on back and belly, and longer distances with support from a flotation device.

Level III (Stroke Readiness): Able to retrieve objects underwater with eyes open, jump from the side of the pool into deep water and return to the side of the pool independently.

Level IV (Stroke Development): Able to swim 25 yards of freestyle and backstroke, dive from the side of the pool, and tread water for 2 minutes.

Level V (Stroke Refinement): Able to dive from a diving board, swim freestyle and backstroke uninterrupted for 50 yards, and breaststroke for 25yards.

Level VI (Skill Proficiency): Proficient with all the major strokes and can swim 100 yards of freestyle and backstroke, 50 yards of breaststroke, and 25 yards of butterfly.

| | | | | |
|---|------------------|---------|-----------------------|---------|
| CHILDS NAME | CHILDS BIRTHDATE | AGE | GRADE | SEX |
| ADDRESS | | | SCHOOL | |
| SWIMMING LEVEL: *please mark one | | | | |
| Pre-level | level 1 | level 2 | level 3 | level 4 |
| PARENT NAME/LEGAL GUARDIAN COMPLETING FORM & MAIN CONTACT | | | RELATIONSHIP TO CHILD | |
| ADDRESS | | CITY | ZIP CODE | |
| HOME PHONE | CELL PHONE | E-MAIL | | |
| Emergency Contact Name | | | RELATIONSHIP TO CHILD | |



Contact Information:
Cecile Garfunkel
140 Trees Hall
Allequippa and Darragh streets Pittsburgh,
PA, 15261 Phone: 412-648-8278
Email: ceg116@pitt.edu

CHILDS MEDICAL INFORMATION:

My/our child is under medical care for the following pre-existing injury, illness or condition at the time of the activity.

My/our child has had the following surgeries, illnesses or significant injuries within the past 12 months for which he/she was or is under medical care:

At the time of the activity, my/our child takes the following medications:

At the time of the activity, my/our child has the following allergies (including food, medicine, environmental, etc.) (List, with reaction, where applicable)

At the time of the activity, my/our child has the following dietary needs or restrictions:

Will your child be bringing any medications to the activity? Is your child capable of taking his/her medication as directed?

SPECIAL DISABILITIES (IF ANY):

ALLERGIES (INCLUDING MEDICATIONREACTION):

PRINT NAME OF PARENT OR GUARDIAN

SIGNATURE OF PARENT OR GUARDIAN

WITNESS

DATE

PHOTOGRAPH AND RECORDING WAIVER AND RELEASE

I hereby give my permission to the University of Pittsburgh – Of the Commonwealth System of Higher Education (the “**University**”) and others approved by the University to photograph, videotape, audiotape, and make digital recordings of or otherwise record my child(ren)’s voice, name, likeness, appearance, portrait or image (collectively, the “**Recordings**”). I irrevocably permit, authorize, grant and license the University and its trustees, officers, employees, representatives, licensees, assigns and agents the rights to display, publicly perform, exhibit, transmit, broadcast, reproduce, record, photograph, digitize, modify, alter, edit, adapt, create derivative works, exploit, license, otherwise use and permit others to use my child(ren)’s voice, name, likeness, appearance, portrait or image on and in all such Recordings in perpetuity throughout the universe in any medium or format whatsoever now existing or hereafter created, on any platform and for any purpose, including but not limited to the University’s educational, research, promotional and commercial purposes (which, among other things, may include use in University publications, websites, advertising, marketing or communications materials, magazines, newspapers, trade journals, online course materials and the University’s iTunes University website), without notice to or consent from or royalty, payment or other compensation to me or my child(ren). The University may also commercialize or license all or any part of the Recordings to others.

I further understand and agree that the University shall be the exclusive owner of all rights, including copyright, in the Recordings. Accordingly, I hereby irrevocably transfer, assign and otherwise convey to the University my and my child(ren)’s entire right, title and interest, if any, in and to the Recordings and all copyrights and other intellectual property rights in the Recordings arising in any jurisdiction throughout the universe in perpetuity, including all registration, renewal and reversion rights, and the right to sue to enforce such copyrights against infringers. I further understand that the University is not responsible for any unauthorized use of the Recordings.

I understand that the University may edit and adapt my child(ren)’s participation as the University deems appropriate and the University will have no obligation to use my child(ren)’s voice, name, likeness, appearance, portrait or image in the Recordings or otherwise. I waive any and every right to inspect or approve any and all versions of the Recordings.

To the fullest extent permitted by applicable law, I hereby: (i) irrevocably waive all legal and equitable rights relating to all liabilities, claims, demands, actions, suits, damages and expenses (collectively, “**Claims**”) arising directly or indirectly from the University’s exercise of its rights under this Photograph and Recording Waiver and Release (this “**Release**”) or the production, exhibition, exploitation, advertising, promotion or other use of the Recordings; (ii) covenant not to make or bring any such Claims against the University; and (iii) forever release and discharge the University and its trustees, officers, employees, representatives, licensees, assigns and agents from any such Claims, liability or results caused by the use of the Recordings as provided herein.

By signing, I represent and warrant that: (i) I am the parent or legal guardian of the child(ren) listed below; (ii) I have the full right, power and authority to execute this Release and grant the rights set forth herein; (iii) I have read this Release and fully understand it; and (iv) I agree to be legally bound by this Release. This Waiver and Release shall be governed by the laws of the Commonwealth of Pennsylvania.

Parent/Guardian Signature

Printed Name

Date

Name(s) of Child(ren):

RELEASE AND WAIVER OF LIABILITY

Printed Name of Student/Participant: _____

Activity: Learn To Swim Program 2025

Instructor/Sponsor: Pitt's Kids Program Destination (if travel required): Trees Hall Pool

Date(s) of Participation: May 26th - June 12th Tuesday/Thursdays 5:30pm-6:30pm

In consideration of being permitted to participate in the activity described above (the "Activity") provided or sponsored by the University of Pittsburgh – Of the Commonwealth System of Higher Education (the "University"), I agree to the terms and conditions set forth in this agreement (this "Agreement").

ASSUMPTION OF RISK. I understand that participation in the Activity involves inherent risks and dangers of accidents, emergency treatment, property loss or damage, serious personal and bodily injury, death, and severe personal and economic losses. These may result not only from my own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, or the condition of the facilities, equipment, or vehicles. Further, there may be other risks not known to me or reasonably foreseeable at this time. I understand and I have considered the risks involved, and I voluntarily and freely choose to assume these risks.

RELEASE FROM LIABILITY. I fully and forever release and discharge the University and its officers, trustees, employees, students, and agents (collectively, the "University Releasees") from any and all injuries (including death), losses, damages, claims (including negligence claims), demands, lawsuits, expenses, and any other liability of any kind, of or to me, my property, or any other person, directly or indirectly arising out of or in connection with my participation in the Activity. I will not initiate any claim, lawsuit, court action, or other legal proceeding or demand against the University Releasees, nor join or assist in the prosecution of any claim for money or other damages which anyone may have, on account of injuries (including death), losses, or damages sustained by me, other parties, or my (or others') property in connection with my participation in the Activity, and I waive any right I may have to do so.

INDEMNITY. I will defend, indemnify, hold harmless, and reimburse the University Releasees from and for all damages, losses, costs, or expenses (including legal fees) incurred by the University Releasees or paid by them to any person (including me or my insurers) in respect of any accident, injury (including death), loss, or property damage, however caused, resulting from, arising out of, or otherwise in connection with my participation in the Activity. I will reimburse the University Releasees if anyone makes a claim against the University Releasees in connection with my participation in the Activity, including, without limitation, any accident I may be involved in or any injury, loss, or damage to me, other parties, or property, however caused.

PUBLICITY. I hereby grant the University, without limitation, the right to use my name and likeness in connection with the Activity for any publicity without further compensation or permission.

SEVERABILITY. This Agreement shall be binding upon and enforceable against me, my personal representatives, spouse, assigns, heirs, and next of kin without limitation. It is my desire and intent that the words, terms, provisions, covenants, and remedies contained in this Agreement shall be enforceable to the fullest extent permitted by the laws of the Commonwealth of Pennsylvania. If any portion of this Agreement is held invalid, the remainder shall not be affected and shall continue in full legal force and effect.

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS AGREEMENT AND THAT I AM VOLUNTARILY GIVING UP LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE UNIVERSITY RELEASEES.

PARTICIPANT SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

(if participant is under 18 years of age)