

ET Masters Swim at Continental Athletic Club

Spring Session open for registration



"ET Masters has been an amazing help to me with my swim technique...every time I swam Masters Class, the coaches were able to pinpoint one particular area for me to work on, and with those minor changes and their encouragement, I was able to take my swim to a whole new level! Thank you, ET!!"

Group swim and instruction for all abilities

ET Masters is a weekly swimming program designed for triathlon and fitness swimmers. USA certified coach will provide structured workouts and stroke improvement instruction at each one-hour group session. Spring session focus will be on stroke refinement, building endurance, and improving speed.

Membership at LifeStart Continental Athletic Club is not required. Class fee includes entry to the club each class.

Instructor: [Judie Refvik](#) – USAT Certified triathlon and swim coach

Cost: \$80 for all 10 weeks!

Day/Time: Thursdays at 6:30 PM

Dates: April 14, 2011 – June 16, 2011

Location: LifeStart at Continental Athletic Club
1701 Golf Road
Rolling Meadows, IL 60008

Contact Joe LoPresto at coachjoe@experiencetriathlon.com
or 630-430-9006 for additional information

Register by completing the forms below or [click here](#)

ET Masters Swimming at Continental Athletic Club

Registration Form

Spring Session: April 14, 2011 – June 16, 2011

1. Cost: \$80.00
2. Complete the contact information, payment information and waiver below.
3. Submit completed form, payment and signed waiver via US mail or fax to:

Experience Triathlon LLC
PO Box 4622, Naperville, IL 60567
Fax: (630) 445-5822

Participant's Name _____ Birth Date _____

Address _____

City _____ Zip code: _____

Email _____

Phone _____

Signature _____

Please mail (or fax) registration to: Experience Triathlon LLC
PO Box 4622, Naperville, IL 60567
Fax -> 630-445-5822

Payment type: ___ Check payable to Experience Triathlon
 ___ Credit Card on file with ET
 ___ Credit Card (details below)

Name on credit card _____

Billing address _____

City: _____ State: _____ Zip code: _____

Credit Card number _____

Expiration date _____ Security code (3 or 4 digits on back of card) _____

I acknowledge that training for and/or participating in a bicycle, running, swimming, triathlon or duathlon event is an extreme test of a person's physical and mental limits and such training or participation poses potential risks of serious bodily injury, death, or property damage. With full understanding of the risks I am taking, I HEREBY ASSUME ALL THE RISKS OF TRAINING FOR AND PARTICIPATING IN SUCH EVENTS and agree to the following

ExperienceTriathlon LLC has been retained to assist me in the improvement of my fitness.

I hereby attest that I am in good health and my physical condition has been verified by a licensed medical doctor and, furthermore the licensed medical doctor has been advised that I intend to participate in these events.

In consideration of being accepted as a fitness client by ExperienceTriathlon LLC, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns, or anyone else who might claim or sue on my behalf: (a) I WAIVE, RELEASE, AND DISCHARGE from any and all claims, costs, or liabilities for death, personal injury or damages of any kind, which arise out of or relate to my training for or participation in a bicycling, running, swimming, triathlon or duathlon event, THE FOLLOWING PERSONS OR ENTITIES: ExperienceTriathlon LLC (b) I AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims, costs or liabilities that I have waived, released or discharged herein; and (c) I INDEMNIFY, DEFEND, and HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions except those resulting from the willful acts or gross negligence of ExperienceTriathlon LLC.

I agree to abide by the laws of the State of Illinois and to litigate any disputes between myself (the Client) and ExperienceTriathlon LLC within the legal jurisdiction of Illinois, (DuPage County)

I AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT AND UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM WAIVING SIGNIFICANT LEGAL RIGHTS AND AM INCURRING SIGNIFICANT LEGAL LIABILITIES. I HAVE BEEN SPECIFICALLY ADVISED TO CONSULT WITH AN ATTORNEY IF I DO NOT UNDERSTAND ANY PORTION OF THIS RELEASE AND AGREEMENT.

Print name

Signature

Date