

# MUTUAL OF OMAHA **BREAKout!** SWIM CLINIC

**DREAM it. BELIEVE it. BREAKout!**

Sign up for the Mutual of Omaha **BREAKout!** Swim Clinic *Hosted by:*

A total-person approach to swimming, a **BREAKout!** Swim Clinic can help you **bust bad habits**, **build new skills** and **uncover hidden talent**.

**Every participant:**

- ✗ Learns champion performance techniques on all four strokes (in-water and dry-land group instruction)
- ✗ Understands how the body, mind and heart affect swimming
- ✗ Trains with the world's top swimmers
- ✗ Asks questions, gets an autograph and photo
- ✗ Receives a **BREAKout!** T-shirt, poster, DVDs and other souvenirs

For details, visit [breakoutswimclinic.com](http://breakoutswimclinic.com).

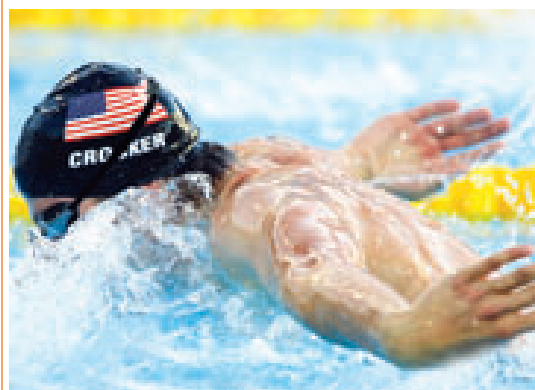
**Parents and coaches can watch!**

**Event Information**

**Featuring**



**Gold Medalist**



**Gold Medalist**

## Registration Form Mutual of Omaha **BREAKout!** Swim Clinic

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_  
Birthday \_\_\_\_\_ Age \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Signature of Parent or Guardian \_\_\_\_\_  
Date \_\_\_\_\_

**Register Today!**

By participating in the Mutual of Omaha BREAKout! Swim Clinic, each participant and his/her parent/guardian agree that the Mutual of Omaha BREAKout! Swim Clinic and Mutual of Omaha have the right to use their images in connection with the promotion of the Mutual of Omaha BREAKout! Swim Clinic and/or the sport of swimming.  
M26001

# MUTUAL OF OMAHA **BREAKout!** SWIM CLINIC

**DREAM it. BELIEVE it. BREAKout!**

Sign up for the Mutual of Omaha **BREAKout!** Swim Clinic *Hosted by:*

*Featuring*



**Gold Medalist**



**Gold Medalist**



**Gold Medalist**

By participating in the Mutual of Omaha BREAKout! Swim Clinic, each participant and his/her parent/guardian agree that the Mutual of Omaha BREAKout! Swim Clinic and Mutual of Omaha have the right to use their images in connection with the promotion of the Mutual of Omaha BREAKout! Swim Clinic and/or the sport of swimming.

Mutual of Omaha Breakout Swim Clinic  
USA Swim Clinics, LLC  
**LIABILITY RELEASE AND INDEMNIFICATION FORM**

**THIS IS A RELEASE, YOU ARE URGED TO READ THIS CAREFULLY BEFORE SIGNING.**

I, the undersigned participant and parent, request voluntary participation \_\_\_\_\_(Name), a minor ("I" or "Minor Participant"), to participate in the Mutual of Omaha BREAKout! Swim Clinic hosted by USA Swim Clinics, LLC. The activity is on January 21, 2013, which begins at 9:00 A.M. and ends at 1:00 P.M. and sponsored by the Southwest Ohio Swimming Officials Association all of which are hereinafter referred to as the "activity."

I consent to my/minor's participation in the activity and acknowledge that the minor and I fully understand my/minor's participation may involve risk of serious injury or death, including losses which may result not only from my/minor's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and /or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before the activity begins.

**Release-Minor's Rights:**

In consideration of allowing me to participate in the activity, I hereby release and hold harmless USA Swim Clinics, LLC, members of its boards of directors, and its officers, employees, members, volunteers, other participants, and agents (collectively, the "Released Parties"), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain with respect to any and all damage and/or injury, of any type, arising out of my participation in this activity. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

In consideration of allowing me to participate in the activity, I hereby release and hold harmless Mutual of Omaha, members of its boards of directors, and its officers, employees, members, volunteers, other participants, and agents (collectively, the "Released Parties"), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain with respect to any and all damage and/or injury, of any type, arising out of my participation in this activity. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_  
(Print name of minor)

\_\_\_\_\_  
(Signature of minor)

\_\_\_\_\_  
(Date)

**Release-Parents'/Guardians' Rights:**

In consideration of allowing Minor Participant to participate in the activity, I hereby release and hold harmless the Released Parties of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain with respect to any and all damage and/or injury, of any type, arising out of my participation in this activity. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I certify that my/minor is in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my/minor's personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

\_\_\_\_\_  
(Print name parent/guardian)

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)

**Indemnification by Parent/Guardian:**

The undersigned parent/guardian further agrees to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising from Minor Participant's participation in the activity.

\_\_\_\_\_  
(Print name parent/guardian)

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)

## Instructions To Coaches & Parents

1. The liability form **MUST** be signed and returned along with the completed registration form.
2. Page#2 includes the biographies of the presenters. This can be kept by the registrants.
3. The minimum age for participants is twelve (12).
4. Make checks payable to the *Friends of the Classic* and include it with the completed and signed registration and liability release forms.
5. Mail check and forms to Pat Lunsford at the address on the registration form.
6. Call Pat Lunsford with questions at (513) 874-3209.
7. Registration deadline is **December 15, 2012** – First Come/First Served.