

## **Employee Lifeguard Training Agreement**

16 Stenersen Lane, Suite 4A Hunt Valley, MD 21030 Phone • 410-785-7665 • 800-466-7665 Fax • 410-785-2520

Participant's Name:		Age	Date of	Date of Class:	
Fee Schedule					
	Non-DRD Employee	DRD Employee (Prior to class)	DRD Employee (Paycheck Deduction)	DRD Employee <u>Training Reimbursement</u>	
Lifeguard Training Lifeguard Training Recert	\$430 \$405	\$230 \$120	\$255 \$145	\$125 \$ 75	
Includes: Lifeguard Training Certification, C Apparel Package Contents: Lifeg Lifeg	uard Training: S	wim Suit, T-Shirt or	•	Apparel Package.	
the discounted training fee, the participant must be 2. The participant and participant agrees  Note: 250 hours represed. The participant agrees his/her termination of the participant fails to fulfill the will not be eligible for the discount above. Payment of the balance of	ticipant must agrice a current DRD urent (if applicable to work at least sents an average to work through employment with terms of the this ted DRD Employ the tuition will be ment is not made	ee to the following employee or DRD le) must sign the Em 250 hours during th of 18 hours per weeken DRD Pools.  Employee Lifeguard we tuition fee and we made by the particle within seven days,	terms and conditions: employee in the upcoming aployee Lifeguard Training e course of the upcoming ek during the summer pool or provide DRD Pools of the Upcoming Agreement, it will be responsible for the Eipant to DRD Pools within	g Agreement. summer. l season. with two weeks written notice of is expressly understood that he or she full Non-DRD Employee fee outlined	
office or to training cloth OR  B) The participant mu 3. The participant will be The participant agrees to save harm Management, Inc., DRD Pool Serv The participant warrants and representative or passive exercise, or that we engage or participate. The participate have no obligation to perform fitness.	onditions: onditions outlined have a cumulative lass by the first d.  (If applicable, st be a 4+ year D e issued the traini hless Maritime Ir rice, Inc., its office sents that he/she will be detrimenta bant acknowledge ess assessment or history and shou	I for Training Disco e GPA of 3.5 or great ay of training. circle A or B) PRD veteran. Ing reimbursement to east to a disability, in all or adverse to such as and agrees that D similar testing to dealed consult with a pl	he first pay date in Octobers, Goucher College, Mayors and the management of a person's health, safety, or RD Pool Management, In the termine the participant's	er.  ys Chapel Swim Club, DRD Pool of the club from any and all liabilities.	
Participant's Signature		Parent's	s Signature	Date	

(If participant is less than 18 years of age)