



the **Y** YMCA **OTTUMWA
FAMILY YMCA**

2026 Free Water Safety Swim Lessons

We are thrilled to announce that, thanks to generous funding from the YMCA of the USA, we are offering Free Water Safety Swim Lessons to 50 youth in our community!

Our program is specially designed to support youth from low-income households, marginalized populations, and those with disabilities. Children aged 3 to 18 years will receive eight 30-minute lessons, tailored to their needs through either group or private session.

Join us in making a splash and ensuring every child has the opportunity to learn essential water safety skills!



Private Lessons



Group Lessons



Adaptive Lessons

How to Apply?

- Fill out our Scholarship Application
- Fill out our Safety Around Water Enrollment & Consent Form

 641-684-6571

 611 N. Hancock St



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

Consent & License. For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America ("YMCA of the USA") or any of its chartered member associations in the United States (collectively "the Y"), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting or rebroadcasting of:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent includes a perpetual license to the Y and collaborating third-parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from the Y or collaborating third-parties. I may, or may not be, identified in such licensed uses; however, my name will not be used to endorse any particular products or services.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

- All works shall belong to YMCA of the USA;
- The Y has no duty of confidentiality regarding any licensed uses;
- YMCA of the USA shall exclusively own all known or later existing rights to the uses throughout the world;
- The Y and collaborating third-parties may use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose without additional compensation to me.

Release from Liability. I agree that my consent is irrevocable. I hereby release and discharge The Y and collaborating third-parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

Signature: _____

Date: _____

Printed Name: _____

Age: _____

Address: _____

I am the parent or legal guardian of (child's name). I hereby consent and grant the licenses detailed in the foregoing on behalf of my minor child.

Signature of parent or legal guardian: _____

Printed name: _____



OTTUMWA FAMILY YMCA

Release and Waiver of Liability

PLEASE READ CAREFULLY – THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS

Thank you for your interest in participating in YMCA of Ottumwa programming. Please understand that participation in our programs involves certain inherent risks, which may include bodily injury, personal injury, illness, death, or property damage to you or others. By signing this Release and Waiver of Liability ("Release"), you freely, voluntarily, and without duress agree to the following terms:

1. Release and Waiver

You hereby release, discharge, and hold harmless the National Council of Young Men's Christian Associations of the United States of America, an Iowa not-for-profit corporation and an organization exempt from federal taxation under section 501(c)(3) of the Internal Revenue Code ("YMCA of the USA"), its chartered member association YMCA of Ottumwa in the United States ("YMCA"), and their respective officers, directors, employees, agents, successors, and assigns (collectively referred to as the "Released Parties") from any and all liability, claims, demands, or causes of action, whether in law or equity, arising out of or related to your participation in YMCA of Ottumwa programs.

This Release discharges the Released Parties from liability for any bodily injury, personal injury, illness, death, or property damage that may result from participation in YMCA programs, whether caused by the negligence of the Released Parties or otherwise. You acknowledge and agree that the Released Parties have no obligation to provide financial assistance, medical, health, or disability insurance in the event of injury or illness.

2. Medical Treatment

You release and forever discharge the Released Parties from any claims that may arise as a result of any first aid, treatment, or medical services rendered to you during your participation in YMCA programs.

3. Assumption of Risk

Participation in YMCA programs, including but not limited to fitness, sports, child care, youth programming, and other related activities, involves certain risks. These risks may include, but are not limited to:

- Physical injuries from exercise, equipment use, or sports participation.
- Accidents or incidents during child care or youth programming activities.
- Exposure to illnesses, including infectious diseases such as COVID-19.

You understand and expressly assume these risks and release the Released Parties from all liability for injury, illness, death, or property damage resulting from participation in YMCA programs and related activities, including transportation to and from activities.

4. Insurance

You acknowledge that the Released Parties do not carry or maintain health, medical, or disability insurance coverage for program participants, unless otherwise agreed to in writing. You are expected and encouraged to obtain your own medical or health insurance coverage.

5. Scope and Severability of Release

This Release is intended to be as broad and inclusive as permitted by the laws of the State of Iowa (or the state where participation occurs). It is governed by and interpreted in accordance with the laws of that state. If any provision of this Release is found to be invalid, the remaining provisions shall remain in full force and effect.

6. Photo/Video Release

You grant the YMCA permission to take and use photographs, videos, or other media of you or your minor child(ren) for promotional, marketing, or educational purposes without compensation.

In Witness Whereof

I, or my legal guardian if I am under the age of 18, have carefully read this Release, understand its contents, and agree to its terms. By signing below, I acknowledge that I am giving up certain legal rights, including the right to sue the Released Parties for any claims related to my participation in YMCA programming.

Participant Information:

Name: _____

Date of Birth: _____

If Participant is a Minor:

Parent/Guardian Name: _____

Relationship to Minor: _____

Signature:

Participant or Parent/Guardian

Date:



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YMCA name: _____
Lesson location: _____
Day/time: _____
Session start/end dates: _____
Student ID: _____

SAFETY AROUND WATER ENROLLMENT AND CONSENT FORM

Person's first name: _____		Person's last name: _____	
Person's gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> prefer not to identify <input type="checkbox"/> Other Identity: _____		Person's birth date (mm/dd/yyyy): _____	
Name of parent/caregiver (if applicable): _____			
Zip code: _____	Phone: _____	Email: _____	
Emergency contact: _____		Emergency phone: _____	
Number of adults and children in your household (including this person): _____			
Can the person taking lessons jump into the water and safely exit the pool without help? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the person enrolling ever had a swim lesson before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the participant new to the Y (i.e., has never participated in a Y program before)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Person's race/ethnicity (optional):			
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White		
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Two or more races/ethnicities		
<input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> Other Identity, please specify _____		
<input type="checkbox"/> Native American, Indigenous American or Alaskan Native	<input type="checkbox"/> Prefer not to identify		
How did you hear about this program?			
<input type="checkbox"/> Y staff member/volunteer	<input type="checkbox"/> Media (TV, Web, radio, print, etc.)		
<input type="checkbox"/> Friend/family member/word of mouth	<input type="checkbox"/> School		
<input type="checkbox"/> Mailing/email communication	<input type="checkbox"/> Community-based organization		
<input type="checkbox"/> Poster/flyer/Y event	<input type="checkbox"/> Other, please specify: _____		
<input type="checkbox"/> Y's website			
<input type="checkbox"/> I have signed and returned the required photo, audio/video, narrative release form.			
<input type="checkbox"/> I have signed and returned the Y's standard liability waiver.			

Please complete back side of enrollment and consent form



SAFETY AROUND WATER ENROLLMENT AND CONSENT FORM

CONSENT TO PARTICIPATE IN DATA COLLECTION

Your local YMCA and YMCA of the USA collect data and evaluate our programs to see what we are doing well, to identify areas of the program that we can improve, and to make sure that the participants we serve are benefiting from this program. Participant demographics and attendance will be collected as part of participation in this program and will be shared with our program funders.

WHAT YOU WILL BE ASKED TO DO

For evaluation purposes, we ask your permission to use the participant's swim skills assessment results, which is completed by the YMCA swim instructor at the beginning and end of the swim lesson session for program evaluation purposes.

KEEPING YOUR INFORMATION CONFIDENTIAL

All collected data for this project will be accessible only to the approved and trained researchers and authorized staff. Y-USA plans on keeping this data indefinitely, in order to identify trends in program participation, fidelity, quality, and outcomes over time.

We will not use the participant's name in any report or publication; rather, the data will be aggregated with other program participants. This data may be included in local, regional, and national reports; other publications; and submitted to funders or potential funders.

There is a very small risk that confidential data will be compromised. We will minimize this risk by ensuring that only approved local Y and Y-USA staff involved in the program have access to this information.

PAYMENT

You will not be paid for providing this data.

LEGAL RIGHTS

You will not lose any of your legal rights by signing this consent form.

CONTACT INFORMATION

For any additional questions you can contact aquatics@YMCA.net

AGREEMENT TO SUBMIT DATA

I have read and understand this consent information.

Printed name of Individual Participant or Parent(s)/Caregiver(s): _____

Individual Participant or Parent/caregiver signature

Printed Name of Child if under 18.

Date

There are two copies of the consent form, and both need your signature. The first copy needs to be returned to the YMCA. Since there is important information in this consent form, including contact information if you have questions or concerns, we want you to keep the second copy for your records.