



ConocoPhillips Splash Club
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Fall 2010 Splashers, Session 1– Classes Begin September 14

The ConocoPhillips Splash Club Splashers program provides young swimmers with the basic skill instruction in the four competitive strokes; butterfly, backstroke, breaststroke, and freestyle. Safety in and around pools is also emphasized. Most Splash Club swimmers range in age from 6-12 years old and having some lesson experience is helpful. Many times the Splashers program is a transition from swim lesson to competitive swimming.

Minimal skill required to participate include: be deep water safe, swim 15 yards of freestyle or backstroke, and be able to listen and receive instruction from the coaches.

Scheduled classes: Tuesday and Wednesday evenings from 6:00-6:45 pm
Or
Tuesday and Thursday afternoon from 4:30-5:15 pm

Next session will be held beginning October 26. We will then have a session on January 25th.

The Splashers group is open to ConocoPhillips Wellness members as well as non-members. Cost for the 10 class session for members is \$ 45 for the session and \$ 60 for non-members for the session. Non-members will receive a card for entrance to the facility. Spectators will need to sign-in at the entrance desk as spectators each time.

All participants must have a COP release and safety waiver signed and turned in prior to participation. These forms are attached to this registration form.

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Splashers Registration Information

ConocoPhillips Wellness Member _____ Non-member _____

Swimmer's Name: _____

Birth date: Month _____ Day: _____ Year: _____

Parent(s) Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ E-Mail: _____

Mobile Phone: _____

(Fill out and return this portion along with the release and waiver forms with payment prior to the class starting)



**WELLNESS & FITNESS FACILITY
RELEASE, WAIVER OF LIABILITY, AND INDEMNIFICATION AGREEMENT**

In consideration for ConocoPhillips Company allowing my and/or my minor's use of the ConocoPhillips Wellness-Fitness Facility, its exercise programs, activities, and other services (collectively Facility), I, the undersigned, fully understand and agree to assume the sole risk of such use. Accordingly, I, on behalf of myself, spouse, heirs, estate, and assigns, expressly agree to release and hold harmless ConocoPhillips Company, and any of its present, former, or future subsidiaries, divisions, and affiliates, and its and their respective directors, officers, employees, contractors, agents, heirs, legal successors and assigns (collectively Released Parties) from and against any and all claims, suits, demands, losses, damages, expenses, or liability arising under any cause, or claimed under any theory of law, that may arise from any property damage or loss, injury, illness, or death, including that which may result to me and/or my minor, during or arising in any way from my and/or my minor's use of the Facility, including but not limited to, any such claims arising from the negligence (whether active or passive, sole or concurrent) of any of the Released Parties.

I understand and agree that it is my responsibility to assess the hazards presented by use of the Facility, and further agree that I am the ultimate judge as to whether I and/or my minor can use the Facility without risk or injury to ourselves.

If a medical clearance must be obtained prior to my and/or my minor's use of the Facility, I agree to consult a physician and obtain written permission prior to use of the Facility.

I agree that I am responsible for monitoring my and my minor's condition during use of the Facility, and if any symptoms occur, my minor or I will cease such use and seek assistance immediately.

I understand that use of the Facility is voluntary and is not a requirement of ConocoPhillips Company.

By signing this Release and Waiver of Liability, I affirm that I have read this form in its entirety, that I understand its content, and that I am signing it voluntarily. I also affirm that my questions regarding the Facility have been answered to my satisfaction.

Printed Full Name of Participant over age 18 (First, Middle, Last)

Signature of Participant over age 18

Date

Participant Classification

- ____ Employee
- ____ Employee Spouse
- ____ Dependent Over Age 18
- ____ Minor Dependent
- ____ Retired Employee
- ____ Retiree Spouse/Dependent
- ____ COP Visiting
- ____ Guest
- ____ Other: _____

Indemnification for Minor Participants: The undersigned parent or guardian further agrees to indemnify, save and hold harmless the Released Parties from and against any and all claims, suits, demands, losses, damages, expenses, or liability arising under any cause, or claimed under any theory of law, that may arise from any property damage or loss, injury, illness, or death, that may brought, alleged, or incurred by or on behalf of the minor and during or arising in any way from the minor's use of the Facility, including but not limited to, any such claims arising from the negligence(whether active or passive, sole or concurrent) of any of the Released Parties.

Printed Full Name of Minor Participant (First, Middle, Last)

Signature of Parent or Guardian (required if Participant is under age 18)

Date

Bartlesville Safety Compliance

Wellness-Fitness Services Safety/Emergency Procedures

Safety is a high priority at ConocoPhillips, and the Wellness-Fitness Services group encourages everyone to practice good safety habits at all times while using the facilities and equipment. It also is recommended that all participants consult with their physician before starting an exercise program.

The Wellness-Fitness Services staff is trained in first aid, CPR, AED (automatic external defibrillator) and oxygen use. AED equipment is available for use by any trained person.

The downtown ConocoPhillips emergency phone number is 1-6789.

Be prepared to provide your name, nature and exact location of the emergency, number of victims and their condition. If you are outside the ConocoPhillips complex and need to report an emergency, call 911.

Medical Emergencies

If you experience any pain, discomfort or tightness in the chest, neck, back jaw or arms, nausea, shortness of breath, dizziness or light headedness and unusual fatigue during activity, stop exercising and notify the Wellness-Fitness Services staff immediately.

In the event of any emergency within the ConocoPhillips downtown Wellness-Fitness Services facility, contact the nearest Wellness-Fitness Services staff or security guard.

Fire: Activate the fire alarms located throughout the facility. Call 1-6789. Alert others in the area. Do not use elevators. Do not attempt to fight the fire. Follow the facility evacuation process posted in the facility.

Severe weather: Follow the facility evacuation process to a safe location – preferably the basement level. Stay away from windows and heavy equipment. Evacuation and safe areas are posted in the facility.

General Facility Safety

Walk, don't run; use closed containers for transporting beverages, no glass containers, report any spills to the staff; respect others, no horseplay, foul language and/or gestures.

Locker Rooms: keep locker doors closed when not in use, use caution in tile areas – wet floors may be slippery, and read operating instructions before using the swimsuit spinners.

Aquatic Center: children age 6 and under must be accompanied by an adult in the water, do not enter the water unless there is a certified lifeguard on deck, use caution on tile deck – may be slick at times, notify lifeguards if assistance is needed entering or exiting the pool, and follow all pool rules posted in the aquatic area.

Gymnasium: use good sportsmanship at all times, play safe, do not hang on basketball rims or hang over railings, keep personal items off gym floor to avoid tripping and slipping and do not pull or hang on court dividers.

I have read and understand the Bartlesville Safety Compliance.

Printed Full Name of Participant (First, Middle, Last)

Signature of Participant over age 18 (Signature of Parent or Guardian for participants under 18)

Date