MARIEMONT WARRIORS
Mariemont Athletics | 1 Warrior Way | Cincinnati, OH 45227 | www.mariemontschools.org | Office 513-272-7600 | Fax 513-527-5991

MARIEMONT CITY SCHOOLS
COMMUNITY EDUCATION (1st SEMESTER)
Sept. 1 – Dec 18, 2026

AQUATICS:
Director: Tom Nerl 272-7600 tnerl@mariemontschools.org
Mariemont High School Swimming Pool

POLAR BEARS:. Mon-Thur 5:30-645am, Sat 6:30-8am
Fee: $40 in district, $50 out of district **NO SENIOR DISCOUNTS**

MID MORNING SWIM: Mon--Fri 9:30am-10:30am
Fee: $40 in district, $50 out of district **NO SENIOR DISCOUNTS**

REGISTRATION:

Name_____

Address_____ **City**_____ **ZIP**_____

Class (please circle one) **Polar Bears** **Mid Morning Swim**

Assumption of Risk:
1. I, the undersigned, wish to SWIM at Mariemont High School; I recognize and understand that lifting weights and swimming involves certain risks. Those risks include, but are not limited to, the risk of injury resulting from possible malfunction of the equipment used in the pool and injuries resulting from tripping or falling over obstacles in the pool area.
Initials _____
RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT
In consideration of participating in these activities, I hereby agree as follows:
1. TO WAIVE ANDY AND ALL CLAIMS that I have or may in the future have against Mariemont City Schools, their directors, officers, employees, agents and representatives (all of whom are hereinafter referred to as "the Releasees");
2.TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I may suffer or that my next of kin may suffer as a result of my participation at the weight room or swimming pool due to any cause whatsoever,**INCLUDING NEGLIGENCE ON THE PART OF THE RELEASEES;**
3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability from any damage to property of, or personal injury to, any third party, resulting from my participation at theweight room or swimming pool.
4. That this Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns, in the even of my death.
I HAVE READ AND UNDERSTOOD THIS AGREEMENT, AND I AM AWARE THAT BY SUBMITTING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

PLEASE MAKE CHECKS PAYABLE TO MARIEMONT CITY SCHOOLS
PLEASE SEND REGISTRATION TO: COMMUNITY EDUCATION
MARIEMONT HIGH SCHOOL
Attention Tom Nerl
1 WARRIOR WAY
CINCINNATI, OHIO 45227

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MARIEMONT CITY SCHOOLS
COMMUNITY EDUCATION (2nd SEMESTER)
Jan 4, 2027 – May 28, 2027

AQUATICS:
Director: Tom Nerl 272-7600 tnerl@mariemontschools.org
Mariemont High School Swimming Pool

POLAR BEARS:. Mon-Thur 5:30-645am, Sat 6:15-730
Fee: $40 in district, $50 out of district **NO SENIOR DISCOUNTS**

MID MORNING SWIM: Mon-Fri 9:30am-10:30am
Fee: $40 in district, $50 out of district **NO SENIOR DISCOUNTS**

REGISTRATION:

Name_____

Address_____ **City**_____ **ZIP**_____

Class (please circle one) **Polar Bears** **Mid Morning Swim**

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PLEASE SEND REGISTRATION TO: COMMUNITY EDUCATION
MARIEMONT HIGH SCHOOL
Attention Tom Nerl
1 WARRIOR WAY
CINCINNATI, OHIO 45227