



Release of Responsibility and Waiver of Liability

I, _____, desire to voluntarily participate in an independent fitness program offered by the Aqua-Fit Swim & Wellness Center. I understand some classes offered will require more vigorous physical activity than others. In any class, in which I choose to participate, I will adjust exercise to my own strength, range of motion, pain and physiological responses. I understand the possibility of exercise injuries or disorders does exist. I acknowledge and accept those risks.

Initial: _____

I understand that I am fully responsible to listen to the instructions for each exercise. If I have questions regarding the execution of the exercise I can and will ask the instructor for clarification and modifications when necessary or not do the exercise at all. I understand that I am to stop any exercise that exacerbates any existing pain with which I came and will stop an exercise if it presents a new pain or unfamiliar discomfort. I understand I must listen to my own body. **Initial:** _____

We, the undersigned applicant, parents or legal guardians of the Applicant whose name appears hereof, for in consideration of such applicant's participation in the instructional and recreational programs of Aqua-Fit, Swim & Fitness Family Wellness Center, Aqua-Fit Aquatic Enterprises, LLC do herewith and hereby agree to indemnify and hold harmless the said, Aqua-Fit Swim & Fitness Family Wellness Center and Aqua-Fit Aquatic Enterprises, LLC, its officers, instructors, employees and agents, from any and all liability loss, or damage, including reasonable attorney's fees resulting from any claims, causes of action, demands, costs or judgments against said Aqua-Fit, Swim & Fitness Family Wellness Center, Aqua-Fit Aquatic Enterprises, LLC, its officers, instructors, employees and agents, from whatsoever extent or nature, including without limitation any injury, illness or accident to such applicant's participation in any way in any program or course of instruction of the said Aqua-Fit Swim & Fitness Family Wellness Center, Aqua-Fit Aquatic Enterprises, LLC. **Initial:** _____

I have read the foregoing and understand it. I have had an opportunity to discuss my needs and goals in order to choose an appropriate class to my satisfaction. Further, the undersigned releases and discharges the Aqua-Fit Swim & Wellness Center, its staff and others connected therewith, from all claims or damages whatsoever that the undersigned or his representatives have or may have against any of them by reason of any cause rising out of or incident to the aforementioned fitness facility. **Initial:** _____

Release for Emergency Medical Treatment

This is to certify that the Aqua-Fit Swim & Fitness Family Wellness Center has my permission to obtain medical treatment for _____ (Name of Participant).

I will accept all financial responsibility for any required medical treatment. **Initial:** _____

Contact Information:

Physician's Name: _____ **Phone:** _____ **Fax:** _____

Emergency Contact: _____ **#:** _____

Initial: _____ *I understand that I am paying for my space in class and not for my attendance.*

Initial: _____ *Aqua-Fit does not pro-rate for missed or vacation days.*

Initial: _____ *I understand there are NO refunds on Enrollment or Class Fees.*

My *signature below indicates I have read, agree and consent to all of the above information.

Name (print) _____ ***Signature:** _____

Address: _____ **City/Zip Code:** _____

Phone # if class is cancelled: _____ **Email:** _____

Employee Signature: _____ **Date:** _____

Please Complete Other Side

