

Water Aerobics Registration Form and Release of Liability



WATER AEROBICS PARTICIPANT INFORMATION FORM

Participant Name	Phone Number	Birth date	
Street Address	City	State	Zip Code

EMERGENCY CONTACTS

Emergency Contact #1	Phone	Relationship
Emergency Contact #2	Phone	Relationship
Doctor	Phone	

In case of emergency, which hospital do you prefer?

MEDICAL/HEALTH INFORMATION

Please complete the following items to provide pertinent health/medical information on the

Past Pertinent Medical History

Treatment Authorization: The above information is correct to the best of my knowledge. Family YMCA of the Desert is hereby authorized to provide basic first aid and/or seek advanced emergency medical attention for the participant from designated Emergency Medical Service providers for illness and/or injury occurring during Family YMCA of the Desert programs.

Signature of Participant	Date
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Water Aerobics Registration Form and Release of Liability

I, _____ request enrollment in the Water Aerobic class to be held at the Palm Desert Aquatic Center. This program contains strenuous physical activity including, but not limited to, aerobic exercise, resistance training, and stretching for flexibility in three feet to fifteen feet of water. I hereby affirm that I am in good physical condition and do not suffer from any disability which would prevent or limit my participation in this exercise program.

I fully understand that, although the risk of injury is low, I may injure myself as a result of my participation in Water Aerobics including, but not limited to, heart attack, muscle strains, pulls, or tears, joint injury, lower back, foot injuries, and any other illness, soreness, or injury however caused occurring during or after my participation in the exercise program.

During class, I agree to limit my activity to a level that is comfortable to me and stop all activity if I feel uncomfortable. I will notify the class instructor and my physician if the class causes any discomfort to myself. I understand that all forms of exercise involve some risk of injury.

I certify I will inform my treating physician about this class, discuss the risks and benefits of the class with my physician, and obtain the approval of my physician to participate. I agree to keep my physician informed of the effects of this class on my body. I understand that without permission from my treating physician, I should not participate in this or any exercise program. I also understand that there is no requirement to perform all of the class exercises and that I can stop participating in this class at anytime.

I, on behalf of myself and my heirs hereby:

1. Acknowledged that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended and (iv) I voluntarily sign this document.
2. Release the YMCA, its directors, officers, employees and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near the YMCA.
3. I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur, due to my presence in the program; whether caused by the negligence of Releasees or otherwise.
4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.
5. **PHOTO RELEASE:** I give my permission to the Family YMCA of the Desert to use pictures of me or other likeness in any of the YMCA's general publicity and campaign materials.

Signature of participant

Date

I affirm that I am exercising with my physician's approval regarding this program and have read and fully understand the above agreement.

Signature of participant

Date