

Waiver of Liability and Informed Consent

I, _____, request enrollment in Aqua Fitness with physical activity in both shallow and deep water.

I fully understand that, although the risk of injury is low, injury may be a result of my participation in Aqua Fitness 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 to 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 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 withdraw from this class at any time.

I, _____, for myself and my heirs, hereby waive and release LIFESTYLES, LTD., and all it's employees, agents, or other persons connected with the program, from any and all liability that may arise as a result of my participation in the activity. Further, I hereby agree to hold harmless Lifestyles, Ltd. from any claims of third parties, demands, and causes of action, now or in the future arising from my participation in this exercise program.

I affirm that I have read and fully understand the above agreement.

Name (please print):

Signature:

Date (M/D/Y):

