

# WATER AEROBICS PROGRAM

This program is designed to increase physical well being through the usage of in-water movements. Water exercise is a variation of physical conditioning that allows you to maximize the intensity, range of motion and fun of your workout while minimizing any strain on the back or joints. Certified personal trainers and other highly qualified aquatics instructors teach our water aerobics program.

If schools are closed due to inclement weather, classes will not meet on those days. For further information about the program or scheduling, please call Beverly Gammon at 817.649.7946 or the Pennington Field Office at 817.283.4461 x 2323.

## WATER AEROBICS

(Please print clearly)

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Relative: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Bus Phone: \_\_\_\_\_

Preferred Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

## **CONSENT TO PARTICIPATE AND FITNESS LIABILITY RELEASE**

I, the undersigned, as a participant in the HEBISD, City of Farmers Branch, City of Irving or the Keller Pointe Water Aerobics Program hereby agree to waive claims and hold harmless the School District, Facility, Hydro Health, Inc., Different Strokes Swim School, their officers, employees, and instructors from all claims arising from their reliance on this consent form.

The undersigned desires to utilize the facilities provided by the HEBISD, City of Farmers Branch, City of Irving or the Keller Pointe in its physical fitness program for the purpose of exercise and recreation. As a consideration for the right and privilege of being permitted access to the fitness program and use of its facilities, the undersigned does hereby release HEBISD, City of Farmers Branch, City of Irving or the Keller Pointe and each and every one of the employees and instructors working or supervising activities in the physical fitness program from any and all liability, of any kind whatsoever, arising out of any physical or mental injury, or death, incurred or suffered by the undersigned while preparing to use, using or cleaning up after using any of the recreational, exercise or any other facilities provided by HEBISD, City of Farmers Branch, City of Irving or the Keller Pointe in its physical fitness program. In executing the foregoing release, the undersigned acknowledges and affirms that he or she has carefully read the same and has asked and obtained satisfactory explanation of any part thereof that he or she does not understand. Furthermore, the undersigned acknowledges that he or she is fully aware that there may be a health risk for certain individuals participating in activities involving physical exertion or exposure to heat. The undersigned affirmatively acknowledges that he or she has made the Fitness Program Instructor aware of any limitations suggested by his or her physicians.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

Regular Membership \_\_\_\_\_ Senior Membership \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Annual \_\_\_\_\_

Amount Received \$ \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_\_

Please make check payable to **HYDRO HEALTH** & mail registration with check to:  
Different Strokes Swim School  
P.O. Box 601, Bedford 76095  
Or give to Fitness Instructor, Bev Gammon