

**ELIZABETHTON CITY SCHOOLS
EVENING COMMUNITY INVOLVEMENT PROGRAM**

REGISTRATION FOR WATER AEROBICS

NAME: _____ Circle One: M F Birth Date _____

Mailing Address: _____ City/Zip _____/_____

Phone: H: (____) _____ Wk: (____) _____ Cell: (____) _____

Email Address: _____

Emergency Contact Person: _____ Relationship: _____

Phone: H: (____) _____ Wk: (____) _____ Cell: (____) _____

ASSUMPTION OF RISK AND RELEASE:

In consideration for my participation in this program, I affirm that I understand the nature of water aerobics activities and that I am qualified, in good health and proper physical condition to participate in such activity and that I am not adversely affected by exercise. I agree that there is no medical reason to prevent my participation in this activity and that I will abide by any limitations set forth by my medical providers. I further agree that if at any time my physical situation could negatively affect my continued participation that I will immediately discontinue further participation and will seek approval from my medical provider to continue. I agree to follow guidelines set out by the class instructor and will inform the class instructor if I should experience physical difficulty during the class.

I agree that I will, at my own expense, wear the proper clothing and protective equipment during the activity. I agree that I will take full responsibility for not exceeding my personal limits while participating in the water aerobics exercises. I agree to bring to each session of water aerobics any necessary medications or medical equipment (such as an inhaler, nitroglycerin, etc.) that I may need poolside.

I acknowledge that water aerobics carries the potential for personal injury or even death. Risks of participation include but are not limited to cardiac or respiratory distress; bone or joint injuries, back or muscle injury; injury to internal organs; slipping, tripping or falling; lifting; twisting, straining, spraining or breaking an appendage, paralysis or other trauma or injury. I agree to assume all risks of injury associated with the water aerobics program. I agree to receive immediate first aid which may be deemed advisable in the event of injury, accident and/or illness during my participation in the water aerobics program. I hereby consent to transportation to the nearest physician or hospital for medical treatment where I am unable to consent to such treatment. I affirm that I am voluntarily using the facilities and participating in water aerobics activities of Elizabethton City Schools and hereby accept responsibility for any and all injuries or damages which may occur to me as a result of my participation.

I hereby release, discharge and covenant not to sue Elizabethton City Schools, its Board of Education or any individual member of its Board or staff. I will indemnify and hold harmless, from any and all liability, action, cause of action, claims, and demands of every kind or nature whatsoever that I have or which may arise from or in connection with my participation in this activity, the Elizabethton City School System, the Elizabethton Board of Education, and all their officers, agents, employees, staff, volunteers and successors.

I agree that this waiver and release of liability is intended to be as broad and inclusive as permitted by law and that this agreement shall be construed under the laws of the State of Tennessee. I agree that if any part is held to be invalid, the remainder of the agreement shall continue in full force and effect.

I confirm by my signature that I have read this form, that I understand its content, that I understand that I am freely and voluntarily surrendering valuable legal rights and that I have the right and opportunity to seek legal counsel before I sign this agreement.

Signature of Participant

Signature of Parent/Guardian (if participant is under 18)

Date

**ELIZABETHTON CITY SCHOOLS
EVENING COMMUNITY INVOLVEMENT PROGRAM**

PHYSICIANS RELEASE FOR WATER AEROBICS

NAME: _____ Circle One: M F Birth Date _____

Mailing Address: _____ City/Zip _____/_____

Phone: H: (____) _____ Wk: (____) _____ Cell: (____) _____

Email Address: _____

Emergency Contact Person: _____ Relationship: _____

Phone: H: (____) _____ Wk: (____) _____ Cell: (____) _____

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I affirm that the above-named individual may fully participate in the water aerobics program offered by Elizabethton City Schools.

Physician's Name: _____ Phone: (____) _____
(Please print.)

Physician's Signature _____
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