



# Pallottine Renewal Center

## Aqua size

### Release Waiver

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

Emergency Contact Information (phone):

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

I, \_\_\_\_\_ (please print first and last name), am participating in a aqua-size class. I am aware of the physical risks involved with doing exercise. I have no medical condition which I am aware of that would prevent me from taking part in a class, and I assume all responsibility for any risk or injury I may sustain as a result of my participation. I have read the above release and waiver of my liability and I understand its contents. I release Pallottine Renewal Center from any responsibility or liability from my taking of this class. I understand it is my responsibility to exercise at a pace that suits me. I agree to the terms and conditions above.

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

Signature \_\_\_\_\_

COVID Waiver:

I, \_\_\_\_\_, understand the risks associated with taking a water exercise class and the inability to wear a mask during class. I have no symptoms of COVID-19 and have not been in contact with anyone who has tested positive. I have been vaccinated and have provided proof of vaccination.

Signature \_\_\_\_\_