



# Pallottine Renewal Center

# Aquacise

## Release Waiver

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

### Emergency Contact Information:

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

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

### Secondary Contact:

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

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

### Aquacise Class Participation Waiver

I, \_\_\_\_\_ (please print first and last name), acknowledge that I am voluntarily participating in an aqua-size class. I understand and accept the physical risks associated with exercise. To the best of my knowledge, I do not have any medical condition that would prevent me from safely participating in this class.

By signing below, I assume full responsibility for any risk or injury that may occur as a result of my participation. I have carefully read and fully understand this release and waiver of liability. I hereby release and hold harmless the Pallottine Renewal Center from any responsibility or liability arising from my participation in this class.

I understand that it is my responsibility to exercise at a pace that is appropriate and comfortable for me. By signing, I agree to the terms and conditions outlined above.

**Participant's Signature:** \_\_\_\_\_

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