

PETITCODIAC AQUACISE SUMMER 2017

Name: _____

Male: ___ Female: ___

Address: _____ Postal Code: _____

Phone # _____ Cell # _____

Does this participant have any health concerns that the instructor should be aware of?

Yes ___ No: ___

If yes, please explain: _____

Email Address: _____

**Please print clearly as email will be the main means of communication for notices, cancellations, etc.*

Emergency Contact Name: _____ Phone: _____

Petitcodiac Aquacise (6 week program)

\$40 for 12 classes

Amount Paid: _____

Cheque _____

Cash _____

ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY

I, the undersigned have enrolled in a fitness/aquacise exercise program of strenuous physical activity which may include but is not limited to aerobic conditioning and cardiovascular conditioning, weight training, strength training and flexibility training offered by the Village of Petitcodiac and Jackie Rousselle. In consideration of my participation in this fitness/aquacise exercise program, the undersigned, for myself, my heirs and assigns, hereby release the Village of Petitcodiac and Jackie Rousselle (employees, facility, organization, business or any persons involved with the fitness/ aquacise exercise program), from any claims, demands and causes of action arising from my participation in the fitness/ aquacise exercise program. I fully understand that I may injure myself as a result of my participation in the fitness/exercise program and I do hereby release the Village of Petitcodiac and Jackie Rousselle, from any liability now or in the future including but not limited to heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/back/foot injuries and any other illness, soreness or injury caused, occurring, during or after my participation in the fitness/exercise program.

Physicians Examination Waiver:

ATTENTION: You should consult with your physician before beginning exercise classes or any type of workout program. Factors unknown to you may have an adverse effect on your physical well-being, including death. You should inform your physician that you are about to begin a fitness program. By signing this document, I the undersigned acknowledge that I am aware of the potential risks that could occur and that I should consult with and obtain a physician's approval prior to beginning a fitness/exercise program. If I choose to not get a physician's approval, I fully accept all responsibility for my health and any resultant injury or mishap that may affect my well-being or health in any way. I fully understand that the fitness/exercise program may be strenuous and I choose to participate completely voluntarily. I fully accept all responsibility for my health and any resultant injury or mishap that may affect my well-being or health in any way. I hold harmless of any responsibility, the trainer/instructor, facility, organization, business or any persons involved with the fitness/exercise program.

Please sign below after reading and understanding the above statements and conditions.

Participant Signature _____

Date _____

Photo Release Statement:

I grant the Village of Petitcodiac, its representative and employees the right to take photographs of myself in connection with the above identified program. I authorize the Village of Petitcodiac, its assigns and transferees to copyright, use and publish the same in print or electronically

I agree that the Village of Petitcodiac may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content.

Participant Signature _____

Date _____