

Summer Recreation Water Aerobics Release 2018

Health Statement:

I affirm that my general health is good and I am not adversely affected by the exercise that I will currently undertake. I further affirm that I am able to perform exercise of a moderate nature. I am not currently under the care of a physician, who should be advised of my desire to participate in this physical activity.

If I am under the care of a physician, I affirmatively state that I have received his/her permission to participate in moderate exercise in the BLSHA water aerobics class.

I have carefully read this agreement and understand it to be a release and waiver of all claims and causes of action. Participation in this class is done so at my own risk. Blue Lake Springs HOA, its board of Directors and Management is not responsible for injuries or accidents.

Signature: _____ **Date:** _____

Name: (Please print) _____

Signature of Parent or Guardian if participant is under the age of 18.