

AQUA FITNESS INTAKE FORM
Waiver of Liability and Informed Consent

I, _____ request enrollment In Aquatic Fitness with Nikki Steen / Steenfit. This program contains strenuous physical activity including, but not limited to, aerobic exercise, resistance training, and stretching for flexibility in three feet to ten feet of water. I hereby affirm that I do not suffer from any disability which would prevent or limit my participation in this exercise program.

I fully understand that, although the risk of injury is low, I may injure myself as a result of my participation in Aquatic Fitness including, but not limited to: heart attack, respiratory issues, muscle strains, pulls or tears, joint injury, lower back and neck injuries, and any other illness, soreness or injury however caused occurring during or after my participation in the exercise program.

During sessions, I agree to limit my activity to a level that is comfortable to me and to stop all activity if I feel uncomfortable. I will notify Nikki and my physician if the class causes any discomfort to myself. I understand that all forms of exercise involve some risk of injury.

I certify that I will inform my treating physician about aquatic fitness sessions, discuss the risks and benefits of these sessions with my physician, and obtain the approval of my physician to participate. I agree to keep my physician informed of the effects of this class on my body. I understand that without permission from my treating physician, I should not participate in this or any exercise program.

I also understand that there is no requirement to perform all of the suggested exercises and that I can withdraw from the session at any time.

I, _____, for myself and my heirs, hereby waive or release any and all rights and claims for damages I may have against Nikki Steen / Steenfit for any and all injuries suffered by me in this program.

Further, I hereby agree to hold harmless, Nikki Steen / Steenfit from any claims of third parties, demands, and causes of action, now or in the future arising from my participation in this exercise program.

I affirm that I am exercising with my physician's approval regarding this program and have read and fully understand the above agreement.

Signature of Participant

Date

AQUA FITNESS PARTICIPANT INFORMATION FORM

Participant Name:

Birth date:

Address:

Phone Number:

Age:

EMERGENCY CONTACTS

Emergency Contact #1:

Phone:

Relationship:

Emergency Contact #2:

Phone:

Relationship:

Primary Physician Phone:

In case of emergency, which hospital do you prefer?:

MEDICAL/HEALTH INFORMATION

Please describe any/all pertinent health/medical information we may need to know before your participation in Aqua aerobics:

The above information is correct to the best of my knowledge. I hereby authorize Nikki Steen / Steenfit to provide basic first aid and/or seek advanced emergency medical attention for me from designated Emergency Medical Service providers for illness and/or injury occurring during my sessions.

Signature of Participant:

Date