

Water Aerobics

Fee: \$69 for 6 weeks' session

**All fees due on the first day of each new session*

Class Days: Monday-Tuesday-Thursday

Time: 5:30-6:30 pm

Date: _____

Participant's Name: _____

Phone number: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact & Phone: _____

Circle Session:

Session 1

Session 2

Session 3

Session 4

Session 5

Jan 2-Feb 9

Feb 12-Mar 23

Mar 27-May 4

May 8-Jun 15

Jun 19-Jul 27

Session 6

Session 7

Session 8

Jul 31-Sept 7

Sept 11- Oct 19

Oct 23- Nov 30

Release Waiver

I understand that my participation in a Campus Recreation program, or use of a Campus Recreation facility at the University of Memphis ("University") may expose me to activity-related risks. I understand that although precautions are taken to provide organization, supervision, and instruction, I am responsible for my own safety. I am aware that there are certain risks involved when I participate in recreational activities and I knowingly and willingly assume those risks. I understand the University does not require me to participate in this activity, but I want to do so, despite the possible dangers and risks and despite this Release. In consideration of and in return for the services, facilities, and the other assistance provided to me by the University of Memphis in this activity, I release the University (hereinafter including its governing board, employees, and agents) from any and all liability, claims, and actions that may arise from injury or harm to me, from my death, or damage to my property in connection with this activity. I understand that this Release covers liability claims and actions caused entirely or in part by the act or failures to act of the Institution, including but not limited to negligence, mistake, or failure to supervise by the institution. I accept responsibility to verify that I have no physical or psychological conditions that would prohibit my participation in Campus Recreation programs. I understand that the University does not have medical personnel available at the location of the activity. I, therefore, grant the University permission to authorize emergency medical treatment, if deemed necessary by the University. I agree that the University assumes no responsibility or liability for any injury or damage which might arise out of or in connection with such authorized medical emergency treatment. I further state that I have adequate health insurance necessary to provide for and pay for any medical costs that I may incur during or arising from my participation. I will abide by all posted rules and regulations. I recognize that this Release means I am giving up, among other things, rights to sue the University for injuries, damages, or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, as well as myself.

**I have read this entire Release; I fully understand it; and I agree to be legally bound by it.*

*Signature _____ Date: _____