SwimFit Water Aerobics At Gerald Johnson's pool, 305 S. Texas Informed Consent/Waiver of Liability

1,	, have enrolled in a program of strenuous
shallow-water exercise, interval t	ot limited to, aerobic training, resistance training, deep- and training, circuit training, and the use of various aerobic and weights offered by SwimFit and /or exercise equipment owned
by myself.	weights entered by a wind to date, or energies equipment owned
I hereby affirm that I am in good would prevent or limit my partici	physical condition and do not suffer from any disability that pation in the exercise program.
, for r	ion in the SwimFit water aerobics program, I, myself, my heirs and assigns, hereby release Gerald Johnson,
SwimFit, its employees, owners, action arising from my participat	and subcontractors from any claims, demands, and causes of ion in the exercise program.
	jure myself as a result of my participation in the SwimFit
exercise program and I,	, hereby release Gerald
	am, its employees and owners, from any liability now or in the to heart attacks, muscle strains, pulls or tears, broken bones, shin
	ver back/ foot injuries, and any other illness, soreness, or injury,
±	g or after my participation in this exercise program.
I acknowledge that I have careful	lly read this waiver and release of liability. I understand that I
am waiving a legal right to bring instructor, or facility for negliger	a legal action and to assert a claim against the trainer, ace.
Signature:	Date:
Printed Name:	
Email address:	Do you read your email? YES NO
Cell number:	Do you text? YES NO
I give SwimFit permission to use	my name and image on fb and promotional material.