

Aquatic and Fitness Training with Michelle



Dear Fitness Lesson Parent/Guardian and/or Guest,

Our insurance companies require that all persons electing to enroll in any program offered by AFTM (Aquatic and Fitness Training with Michelle) agree to complete a Waiver of Liability form prior to admittance into any facility or class sponsored by AFTM. The following waiver is *required* for anyone observing or participating in any AFTM activity.

Waiver of Liability

I, the undersigned, agree that I have inspected these premises and am aware of the risks and dangers associated with being on said premises. I recognize that unexpected and unanticipated dangers may arise while on these premises and that my attendance here is entirely at my own risk. As such, I, for myself, heirs, administrators, and assigns, agree that AFTM shall not be liable and indemnify and hold the operators and sponsors of AFTM and their respective agents, servants, officers, employees and officials harmless for any claims, demands, injuries, damages, actions or causes of action whatsoever, due to negligence or any other fault, sustained to my person, my property, my child's person, or my child's property arising out of, because of, or connected with the participation in any fitness program sponsored by AFTM. I understand that I am indemnifying AFTM as stated above and that the indemnification is a condition of my/my child's participation in this program. I further agree to be responsible for any and all damage I, or my child/children, may cause to the premises or equipment.

I understand that participation in AFTM programs may not be advisable for certain individuals, including but not limited to elderly persons, pregnant women, persons suffering from heart disease, diabetes, high or low blood pressure and other conditions and illnesses and persons taking medication. I hereby acknowledge that I have been advised to seek advice from a physician regarding my participation in AFTM Programs. I further acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate without the approval of my physician and do hereby assume all responsibility for my participation in the AFTM Programs and use of the AFTM's facilities and equipment.

I certify that I have read and understand all of the foregoing and intend to be legally bound by the provisions contained herein.

Signature

Date

Print Name

Home Phone

Parent/Guardian

E-mail