



Noon Water Aerobics

In water all weight bearing stress on your joints is removed. Build up cardiovascular endurance, burn calories and improve the range of motion in your joints.

Date June 22nd—September 4, 2020 (Weather Permitting)

Day & Time Monday, Wednesday, Friday
12:00-12:45 pm

Fee Punch Pass Only (Available at Rec Center)

Age Adults

Instructor Peg Moranville

Location Jefferson Swimming Pool



Name _____ Birthdate _____

Address _____ City _____ Zip _____ Email _____

Home Phone # _____ Work Phone # _____ Cell # _____

Waiver & Medical Authorization

In consideration of being permitted to participate in a Jefferson Park and Recreation Department activity or program I, the undersigned participant (or, if under age 18, the participant's parent or legal guardian on his or her behalf): (i) recognize and acknowledge that such activity may involve risk of bodily injury or property damage, (ii) assume full responsibility for and risk of any bodily injury, damage or loss which may occur as a result of participating in such activity, (iii) release, waive, discharge and covenant not to sue the Jefferson Park and Recreation Department and the City of Jefferson and their administrators, officers, employees, members of governing and advisory bodies, representatives, agents, coaches, officials and volunteers (the "releasees") from all liability to the undersigned for any and all damage or loss, and any claim or demand therefor, on account of injury to my person or property, whether due to negligence of the releasees or otherwise, as a result of participating in any such activity or program, (iv) agree to indemnify and hold harmless the releasees identified above from any and all loss, liability, damage or cost that they may incur as a result of my participation in any such activity or program, (v) in the event of any injury or illness while participating in such activity or program authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel, and (vi) consent to my picture being used for publicity or promotional purposes. I HAVE READ AND FULLY UNDERSTAND THIS WAIVER AND MEDICAL AUTHORIZATION AND VOLUNTARILY SIGN IT.

Participant or Parent/Guardian Signature: _____ Date: _____

Does the participant have any condition that would prevent full participation in the above activity? yes
no ie. asthma, diabetes, seizures, allergies (bee stings), etc.

Please note in space below.

Amt pd _____ check or cash