

SENIOR AEROBICS

By

KAREN BLAKE

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone No: \_\_\_\_\_ Cell No. \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

If you will be participating in Aerobics please complete and sign the below portion.

I, \_\_\_\_\_ will participate in the Senior Aerobics program directed by Karen Blake. I assume all risks and hazards incidental to such participation including transportation to and from this program. I do hereby waive, release, absolve, indemnify and agree to hold harmless the sponsors and instructor for any claim arising out of an injury I may sustain due to participation.

I understand that it is my responsibility to notify the instructor of any medical/physical condition that could limit my participation or that requires special attention.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_