

CITY OF SCOTTSBLUFF
WATER EXERCISE

DATE OF EVENT: Continuous 4 week sessions

TIME: 9:00-10:00am or 5:30-6:30pm Monday, Wednesday, Friday

FEE: \$24 or \$12 if 62+ ; \$2.50 or \$1.50 if 62+ per class

LOCATION: Splash Arena
2813 2nd Ave.

DESCRIPTION:

All of the exercises are done in the water for joint mobility, flexibility and strength. The water cushions your muscles and joints while enjoying easy to do exercises. Due to the buoyancy of the water, there is less pressure on the joints. One does not need to know how to swim to participate. All of the exercises are done in the shallow end of the pool. Register at the Splash Arena at the first class session.

City of Scottsbluff Accident, Photo Release, and Registration Form

IN CONSIDERATION for allowing me or my child to participate in the Water Exercise Program of the City of Scottsbluff Parks and Recreation Department, I or I, as a parent or guardian, agree to assume full responsibility for the risk of any and all injury that may result from my or my child's participation in activities connected with the Water Exercise program. I agree to release and discharge, in advance, the City of Scottsbluff, the City of Scottsbluff Parks and Recreation Department, its employees, agents, and all personnel from liability for loss or injury due directly or indirectly from the negligence, active or otherwise, of the City of Scottsbluff, the City of Scottsbluff Parks and Recreation Department or any of its employees, agents and all personnel, that may result from my or my child's participation in the Water Exercise Program. I understand and acknowledge that each participant in the Water Exercise Program will be engaging in programs that involve risk of serious injury, including permanent disability and death, and that social and economic losses may result not only from mine or my child's own actions, inaction's, or negligence, but also from the actions, inaction's, or negligence of others notwithstanding the rules of play or the condition of the premises and any equipment used. I further acknowledge that my child will be competing with other individuals who may be of the age of majority and that on my own behalf or on the behalf of my child that there may be other risks not known or reasonably foreseeable at this time. I, on behalf of my child or myself do hereby grant permission for pictures to be used in publicity or brochures related to the City of Scottsbluff Parks and Recreation Department for the Water Exercise Program.

This agreement is effective for the following dates, time frame or league:

DO NOT SIGN UNLESS YOU HAVE READ THIS WAIVER AND RELEASE

Participant's Name _____ Date _____

The undersigned, _____ (name) does hereby represent that he/she is the parent or legal guardian of _____ (participant's name) and acting in such capacity agrees to the terms and conditions of the above stated Waiver and Release.

Parent or Legal Guardian _____ Relationship to Minor _____ Date _____

Activity: Water Exercise **Fee:** \$24/\$12 **Age** _____ **Date of Activity:** Cont. 4 week sess.

Participant's Name: _____ **Date Signed:** _____

Phone: _____

Address: _____ **Location:** _____

Street City State Zip

In case of emergency notify: _____ **Phone:** _____

Medical Doctor: _____ **Phone:** _____

For more information call 630-6240. Registrations may be mailed to

Triniti Bedlan
1600 S. Beltline Hwy. W.
Scottsbluff, NE 69361

CK, CA, CC	Initial	Date	Rec#
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