

Joseph LaTorre, Florida Licensed Massage Therapist, MA31587
315 Carissa Drive Satellite Beach, Florida 32937. Phone: 305.793.0208. Email: joe@ceulmt.com

Aquatic Exercise Liability Form

Name (print): _____ Date: _____

Address: (street/city/state/zip):

Home Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact Name & Number: _____

I am aware of the recreational, health, and fitness aspects of aquatic based corrective exercises and understand the inherent dangers involved with my participation including the risk of personal injury and/or accidental death, or damage to my property while participating in such programs.

I further understand and acknowledge that participants in such corrective exercise programs cannot participate unless signing this release, completing a Physical Activity Readiness Questionnaire and Consultation for Services. I therefore freely and voluntarily execute this release and with such knowledge, assume all the risks involved.

I authorize and grant permission to my trainer to obtain medical care from any licensed physician or hospital and/or medical clinic should I become ill or injured while participating in recreation activities at or away from home.

I hereby release and forever discharge Joseph LaTorre from any liability, claim, cause of action, demand or damages for injury, death or damages of any kind to me or to those for whom I am responsible, or my property as a result of my/our participation in the recreation, health and/or fitness programs. I further waive, release, absolve and agree to indemnify and hold Joseph LaTorre harmless, as a result of my/our participation in any recreational, health and/or fitness program sponsored by Joseph LaTorre.

Participant's Signature: _____

Date: _____